

NOTTINGHAMSHIRE COUNTY COUNCIL

1968

annual reports

OF THE
COUNTY MEDICAL OFFICER
AND
PRINCIPAL SCHOOL MEDICAL OFFICER

DR. H. I. LOCKETT

HEALTH DEPARTMENT, COUNTY HALL,
WEST BRIDGFORD, NOTTINGHAM

TELEPHONE: NOTTINGHAM 0334



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Annual Report

of the

County Medical Officer

1968

HEALTH COMMITTEE

Constitution

Members of County Council	...	...	...	...	40
Municipal Borough Councils (1 for each)	...	...	...	...	4
Urban District Councils (1 for each) ..	...	...	...	...	10
Rural District Councils (1 for each) ..	...	...	...	...	6

Sub-Committees

Ambulance

Finance and General Purposes

Maternity and Child Welfare

Mental Health

Preventive Health Service

Sherwood Village Settlement Management

Members of the Committee

Chairman:

ALDERMAN MRS. B. SHARRARD

Vice-Chairman:

COUNCILLOR R.A. BARTLAM

Ex-officio:

ALDERMAN MRS. E. A. YATES, J.P., L.M.R.S.H.

ALDERMAN SIR FRANK SMALL, C.B.E., D.L., J.P.

Aldermen:

BARTLAM, R. A.
BLANCHARD, E. E.
BROOKS, D. A.
ELEY, J. W.

FOSTER, W. H.
GASH, W. W.
HILL, MRS. L.
SHARRARD, MRS. B.

7 December, 1968.

Councillors:

BEARDSLEY, MRS. M.
BICKERSTAFFE, W. K.
BIGNALL, S. F.
BROOKS, F. A.
BROWN, S.
BROWN, W. H.
BUXTON, J.
DICKSON, R. C. M.
EDWARDS, W. F.
FREEMAN, E. D.
GASCOYNE, W.
GREEN, A.
HALFNIGHT, N. W.
HARRISON, C.
HAYNES, D. F.
HEMPSALL, C. L.

HOLE, MRS. M. I. L.
HUDSON, E. R.
LINCOLN, E. E.
McNEILL, G. A.
MEAD, A.
MORRIS, W. J.
NAIRN, MISS N. J.
QUIRK, MRS. G.
SKILLEN, S. J.
THRAVES, MRS. E.
WALKER, G. R.
WATSON, MRS. P. R.
WIDDOWSON, J. H.
WOODWARD, F. J. E.
WRIGHT, M. G.

Representative Members:

MUNICIPAL BOROUGH COUNCILS -

East Retford	...	...	...	...
Mansfield	...	...	...	...
Newark	...	...	...	...
Worksop	...	...	...	...

WILSON, E. D.
MILFORD, MRS. A.
WHOMSLEY, A. E., B.E.M.
SMY, J. H.

URBAN DISTRICT COUNCILS -

Arnold	...	...	...	...
Beeston and Stapleford			...	...
Carlton	...	...	...	...
Eastwood	...	...	...	...
Hucknall		...	...	...
Kirkby-in-Ashfield	...		...	...
Mansfield Woodhouse	...		...	...
Sutton-in-Ashfield	...		...	...
Warsop	...	...	...	...
West Bridgford	...		...	...

HILL, MRS. A. I.
BRADLEY, MRS. F. E.
PALMER, A.
LIMB, C.
WHITEHOUSE, W. E.
ASHLEY, E. W.
STIRLAND, MRS. A. H.
HOLLAND, C. E.
DESFORGES, A.
WOODWARD, W. C.

RURAL DISTRICT COUNCILS -

Basford	...	...	...	...
Bingham	...	...	...	...
East Retford	...	...	...	...
Newark	...	...	...	...
Southwell	...	...	...	...
Worksop	...	...	...	...

HILL, MRS. J., M.B.E.
GREGORY, MRS. E. M.
HORTON, H.E.
MILLS, D. F. A.
NEWBERY, MRS. A. J.
CAWTHORNE, G.

Health Department,
County Hall,
West Bridgford,
Nottingham,
NG2 7QP.

TO THE CHAIRMAN AND MEMBERS OF THE NOTTINGHAMSHIRE COUNTY COUNCIL

I have pleasure in presenting the Annual Report of the County Medical Officer of Health for the year 1968.

The mid-year population of the administrative county increased by 6,690 to an estimated 659,400.

The corrected birth rate fell from 17.5 in 1967 to 17.3 although there were, in fact, 22 more live births in 1968. The illegitimacy rate rose again from 6.3% to 6.6% of all live births.

There was a further improvement in the important peri-natal mortality rate which was 24.2 compared with 25.5 in 1967. The corresponding rate for England and Wales for 1968 is 24.7 (25.4 in 1967) so that the Nottinghamshire figure is a little better than the National average on this occasion.

There were 6,930 deaths in 1968 giving a corrected death rate of 12.3 per thousand population compared with 11.0 per thousand in the previous year. (The National death rate for 1968 at 11.9 also showed an increase over the 1967 figure of 11.2). To try to determine the relative contributions of various types of illness to this enhanced mortality the percentage increases in four main groups of causes of deaths have been examined. It must be remembered in doing this that there has been a change in 1968 in the classification used by the Registrar General in that the Eighth Revision of the International Classification of Diseases was used, in place of the Seventh Revision used for the 1967 figures. Nevertheless the groupings to which attention is paid here are broadly comparable. These four groups account for an increase of 677 deaths out of the total increase of 705 deaths from all causes, the percentage increase in deaths from all causes being 11.2%. The group increases are as follows:-

Cancers	11.2%
Heart Diseases	9.0%
Cerebrovascular Disease ('strokes')	12.9%
Diseases of the Respiratory System (excluding Lung Cancer and Tuberculosis)	32.9%

It appears therefore that the increase in deaths in 1968 is disproportionately contributed by an increase in the Diseases of the Respiratory System group which includes deaths ascribed to influenza, pneumonia and bronchitis and that the increase affects each of these causes.

There were three maternal deaths in 1968 compared with one in the previous year. Examination of the specific causes of these reveals that none was potentially preventable in the present state of medical knowledge and they therefore do not imply any criticism of the standards of medical and social care available.

While on the subject of statistics, I would commend for your special attention the series of graphical illustrations which show some of the trends not only in vital statistics but also in the utilisation of certain services of the Department during the past two decades.

The year has been a difficult one because of the restrictive financial climate. Nevertheless progress was able to continue with various new projects and the bringing into operation of two new Health Centres and a Hostel for the Mentally Ill were significant achievements. Details of these projects are given in the Report which also contains some photographs and simple plans showing the accommodation provided.

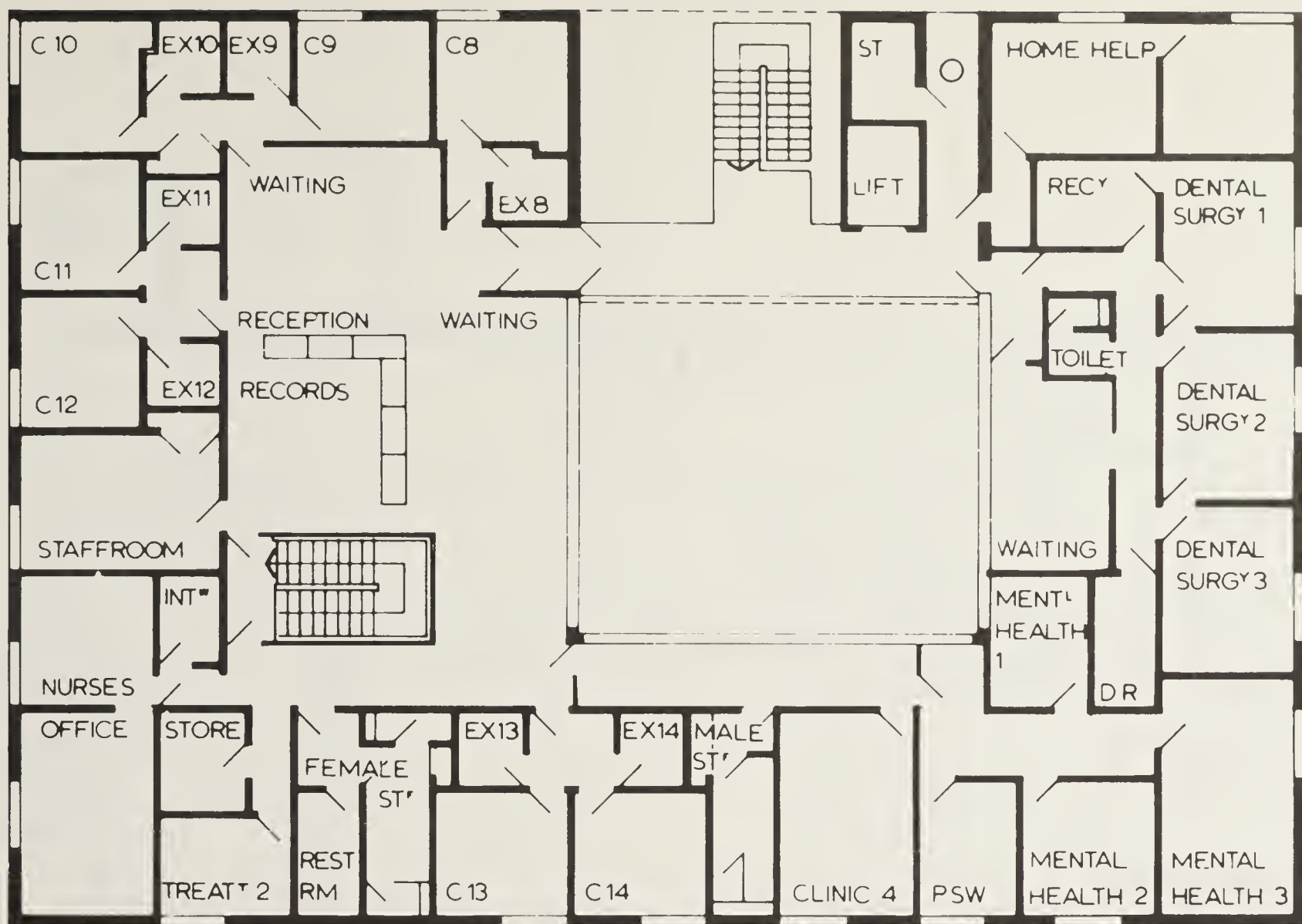
Despite the financial restrictions and recruitment problems, the latter not made any easier by the general uncertainty concerning the future of local authority health departments induced by the simultaneous publication of the Minister's Green Paper on the Administrative Structure of the Medical and Related Services, England and Wales and the Report of The Committee on Local Authority and Allied Personal Social Services (the Seebohm Report), the high standards of the County Health Department have been maintained and my very grateful thanks are due to all the Members and Officers of the Authority and particularly to the Staff of the Health Department for their loyalty and support.

H. I. LOCKETT

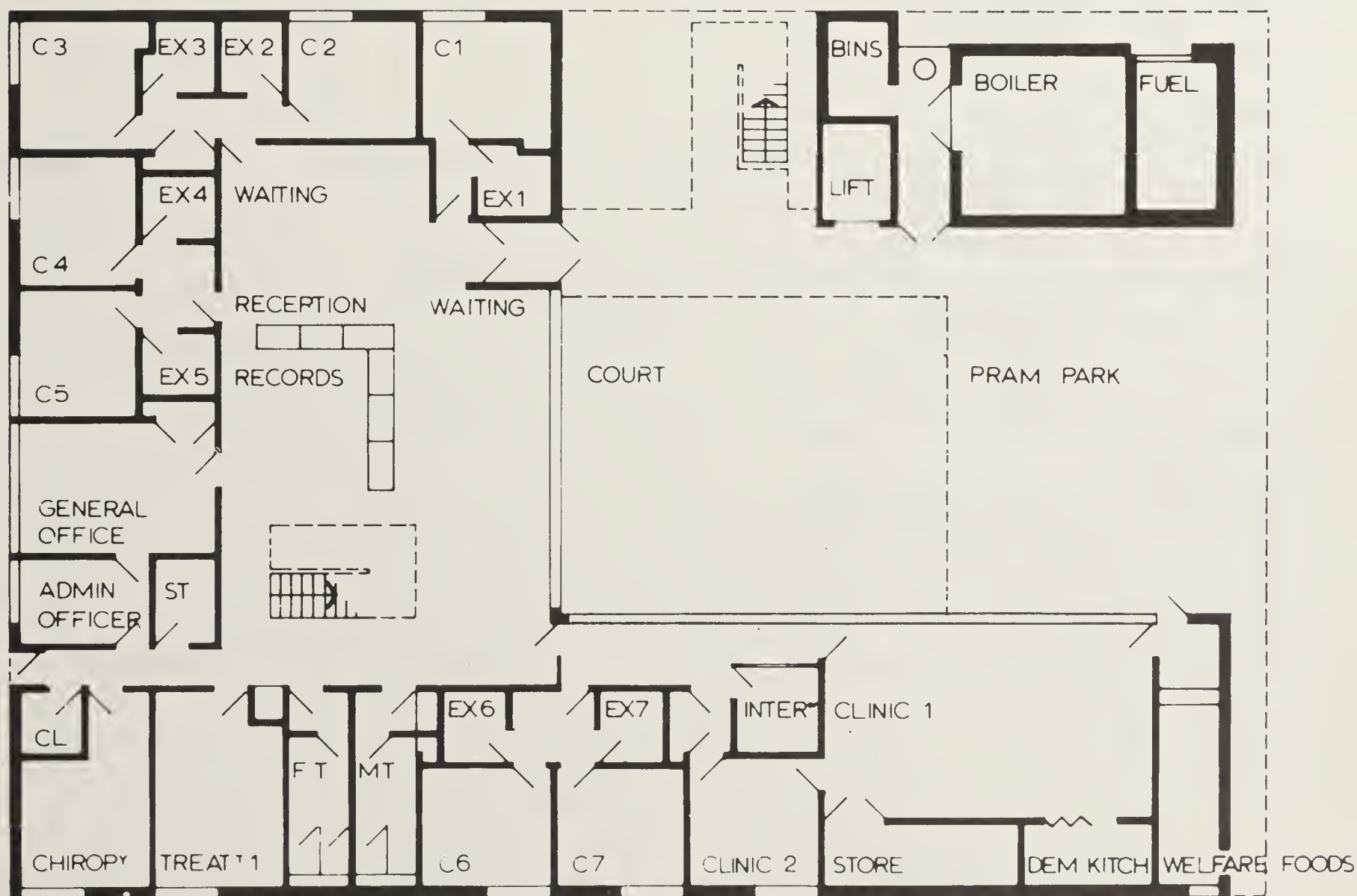
County Medical Officer of Health



Mansfield Health Centre - Interior Court



FIRST FLOOR

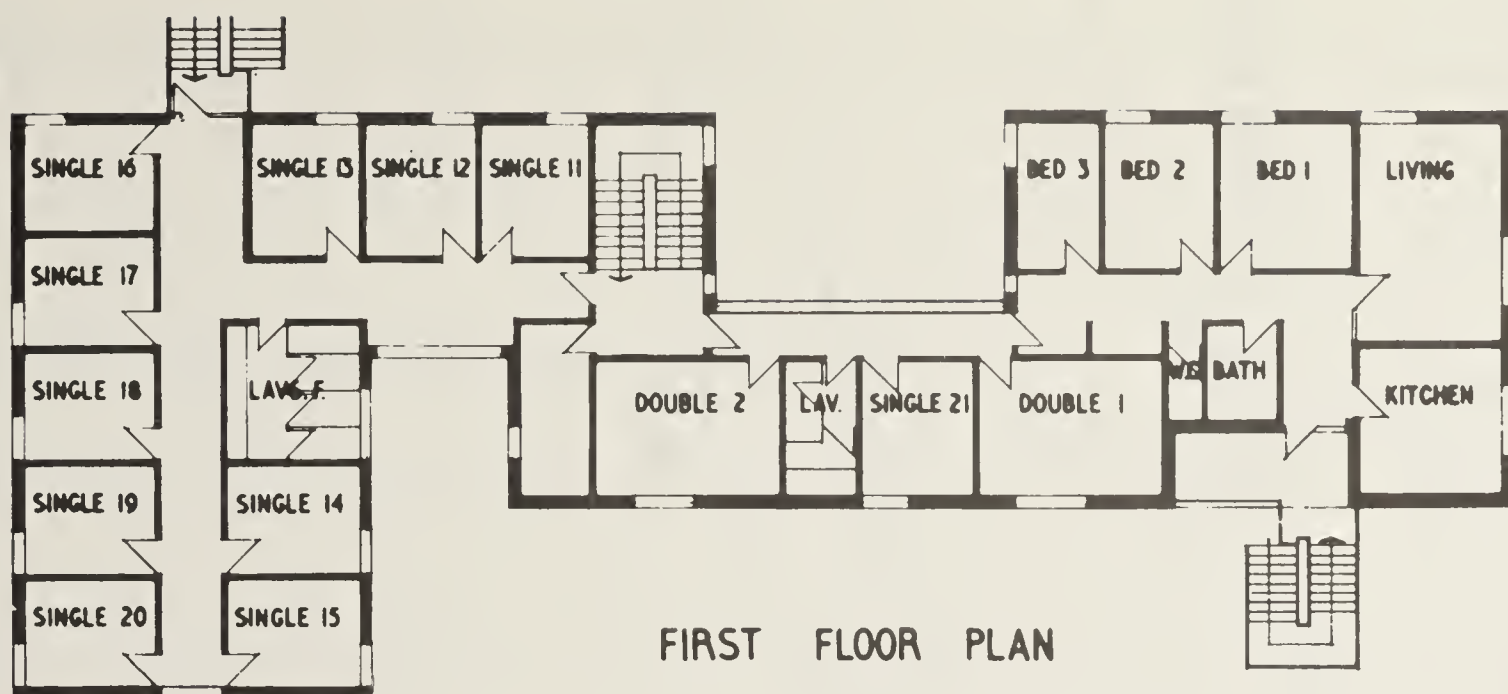


GROUND FLOOR

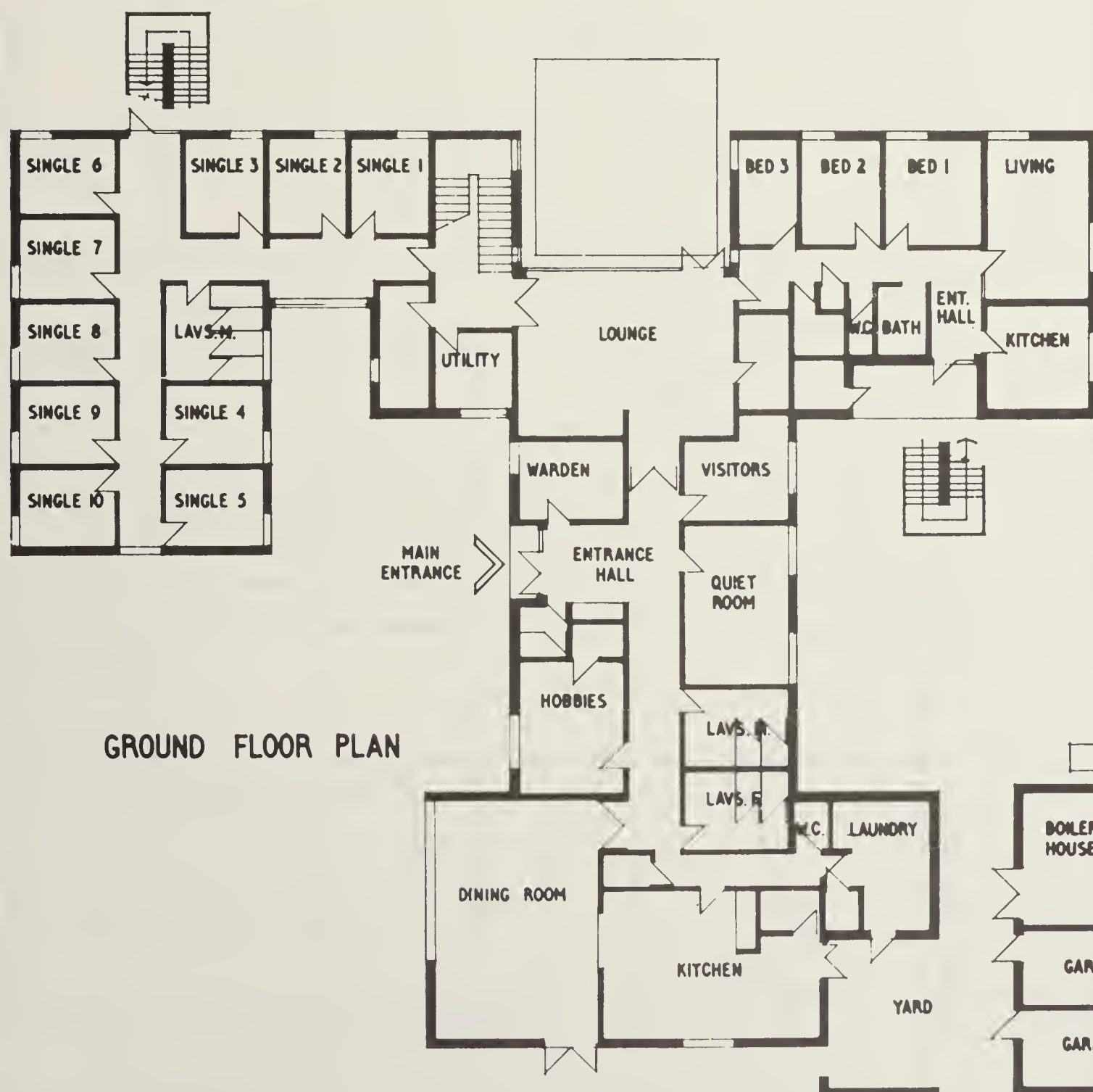
Mansfield Health Centre
- Plans



Bancroft House - Psychiatric Hostel



FIRST FLOOR PLAN

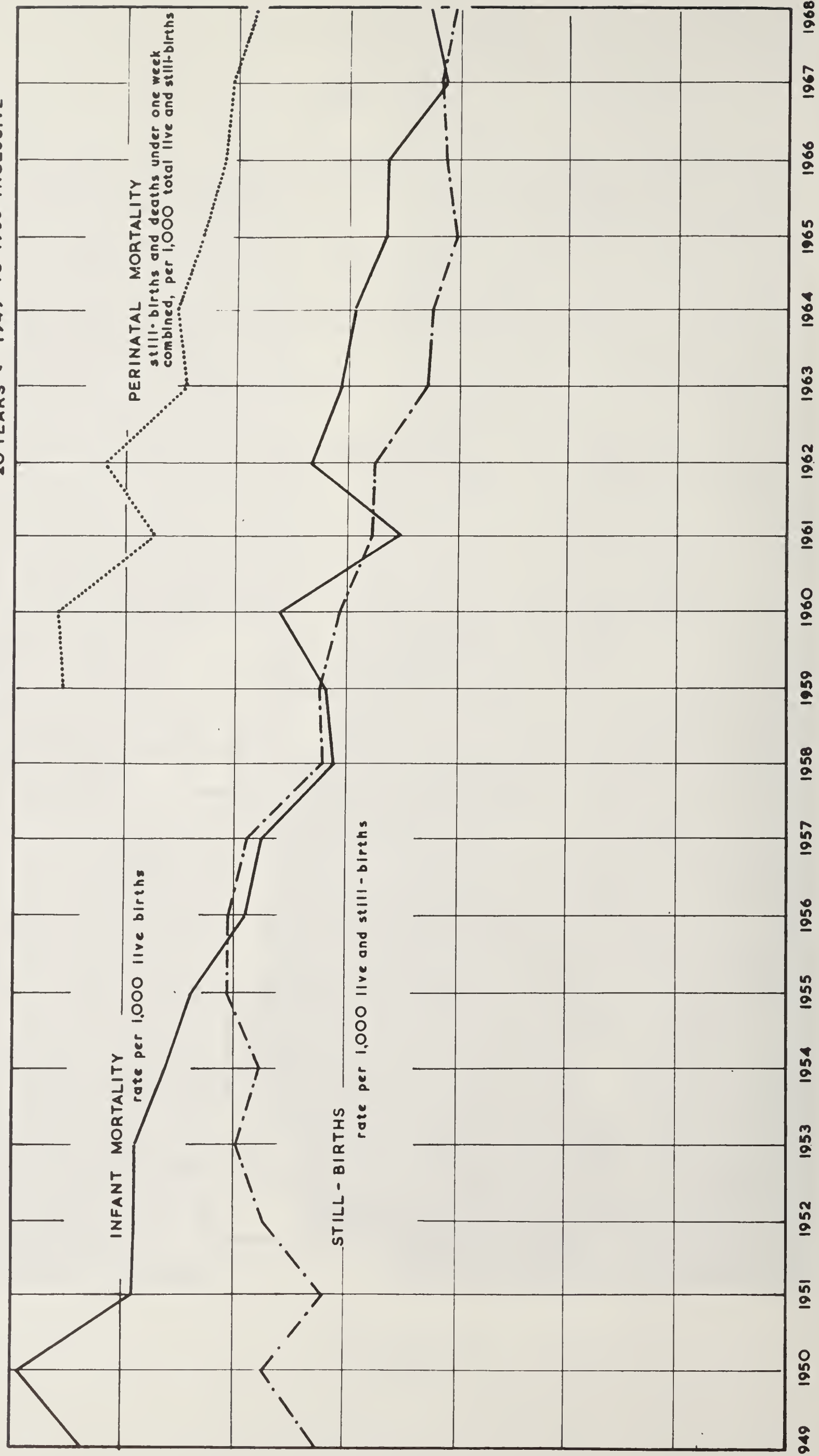


GROUND FLOOR PLAN

Bancroft House
- Plans

SELECTED STATISTICS (Nottinghamshire)

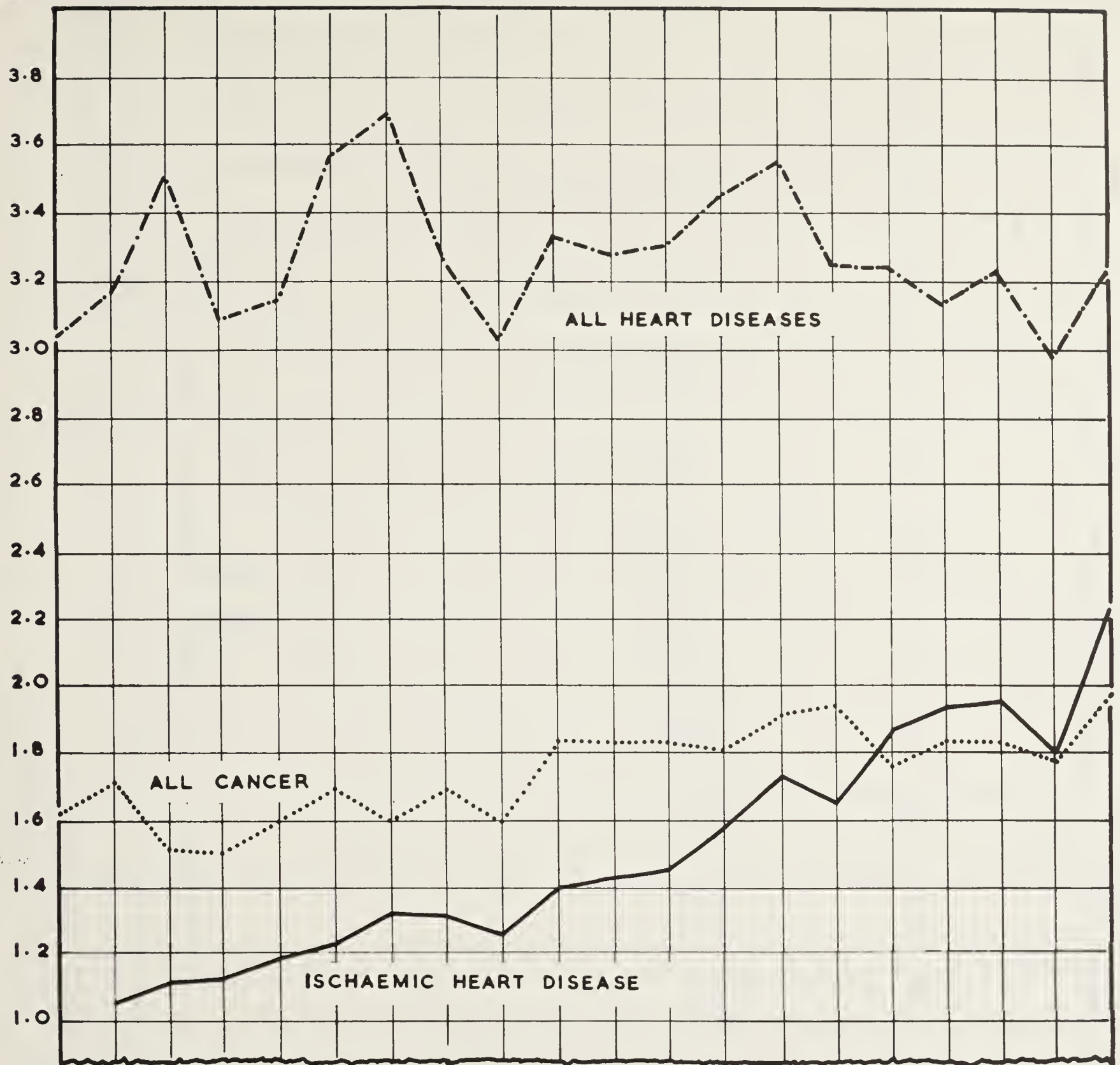
20 YEARS - 1949 TO 1968 INCLUSIVE



SELECTED DEATH RATES (Nottinghamshire)

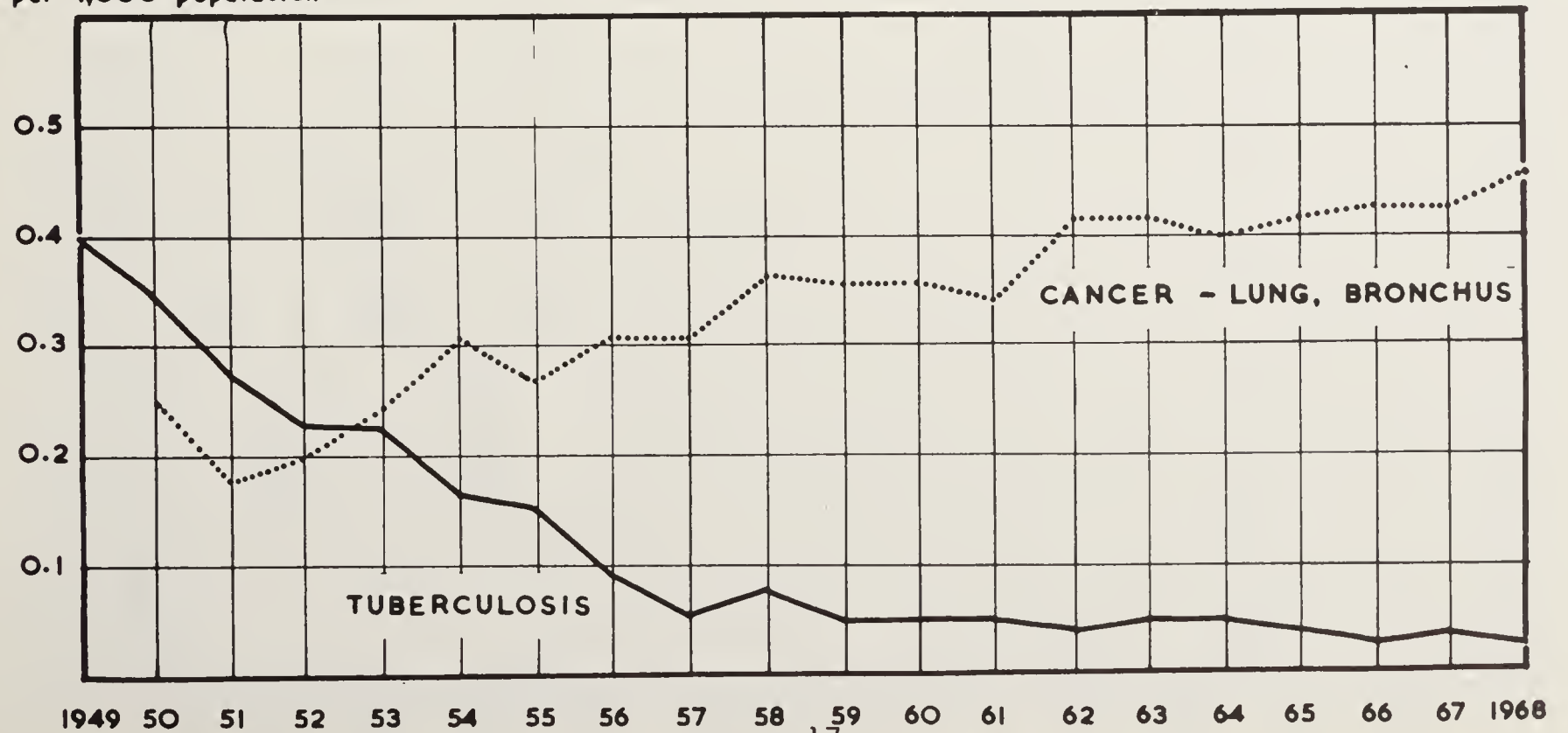
20 YEARS - 1949 TO 1968 INCLUSIVE

per 1,000 population



↑ N.B. SCALE CHANGE
↓

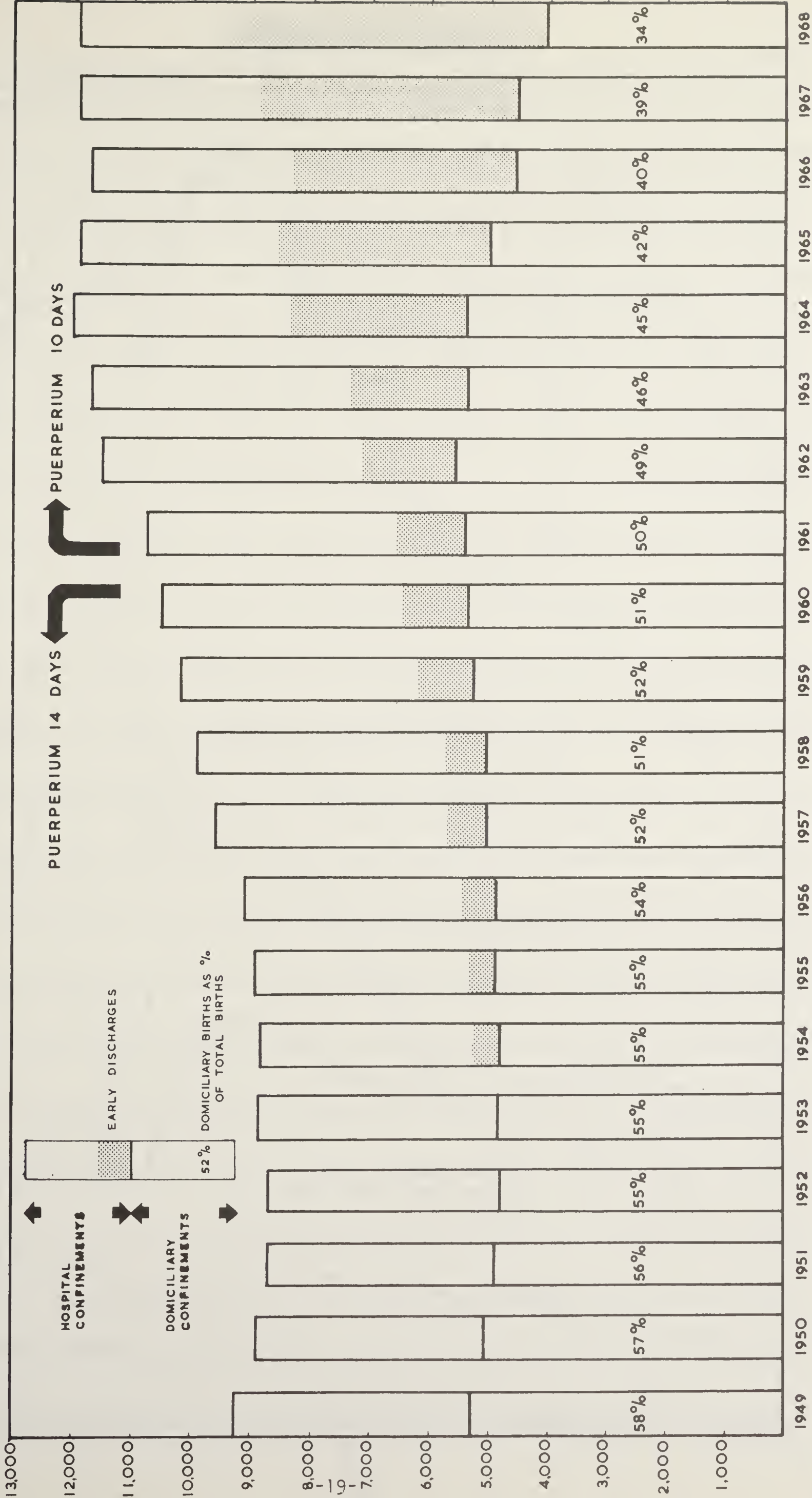
per 1,000 population



BIRTHS
(Nottinghamshire)

HOSPITAL CONFINEMENTS showing early discharges
DOMICILIARY CONFINEMENTS

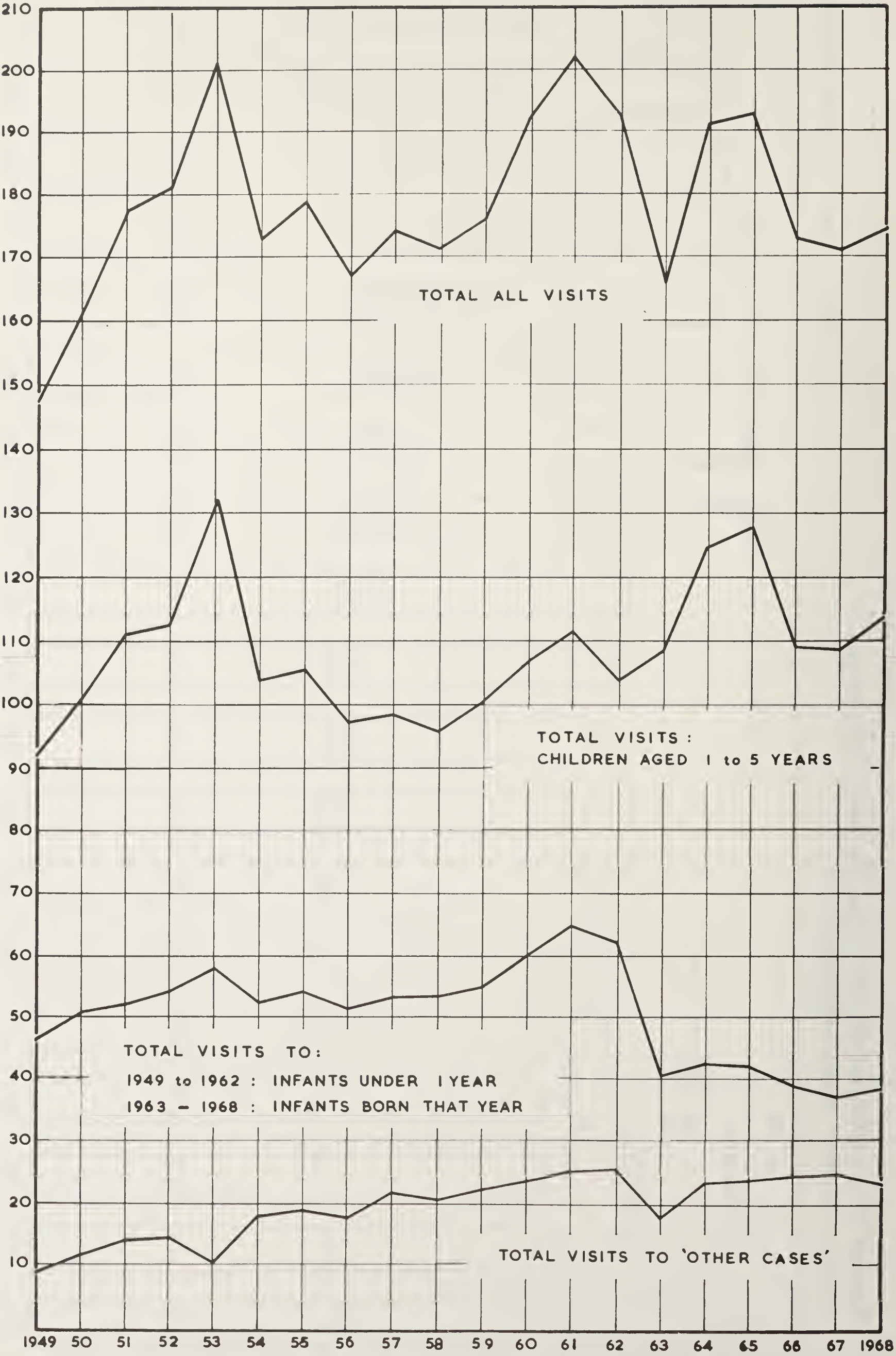
20 YEARS - 1949 TO 1968 INCLUSIVE



Visits
x1,000

HEALTH VISITING

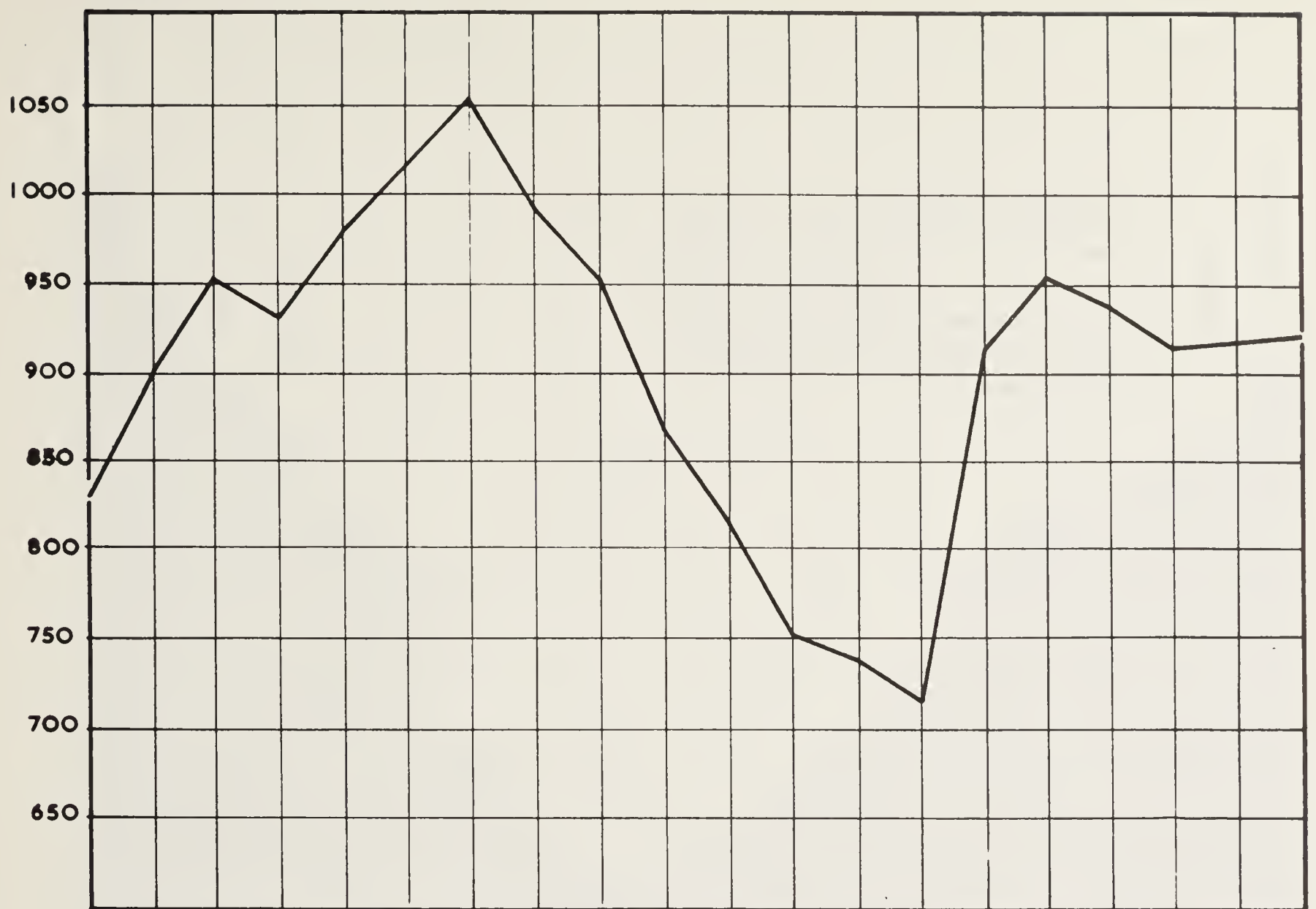
VISITS BY HEALTH VISITORS: 20 YEARS - 1949 TO 1968 INCLUSIVE



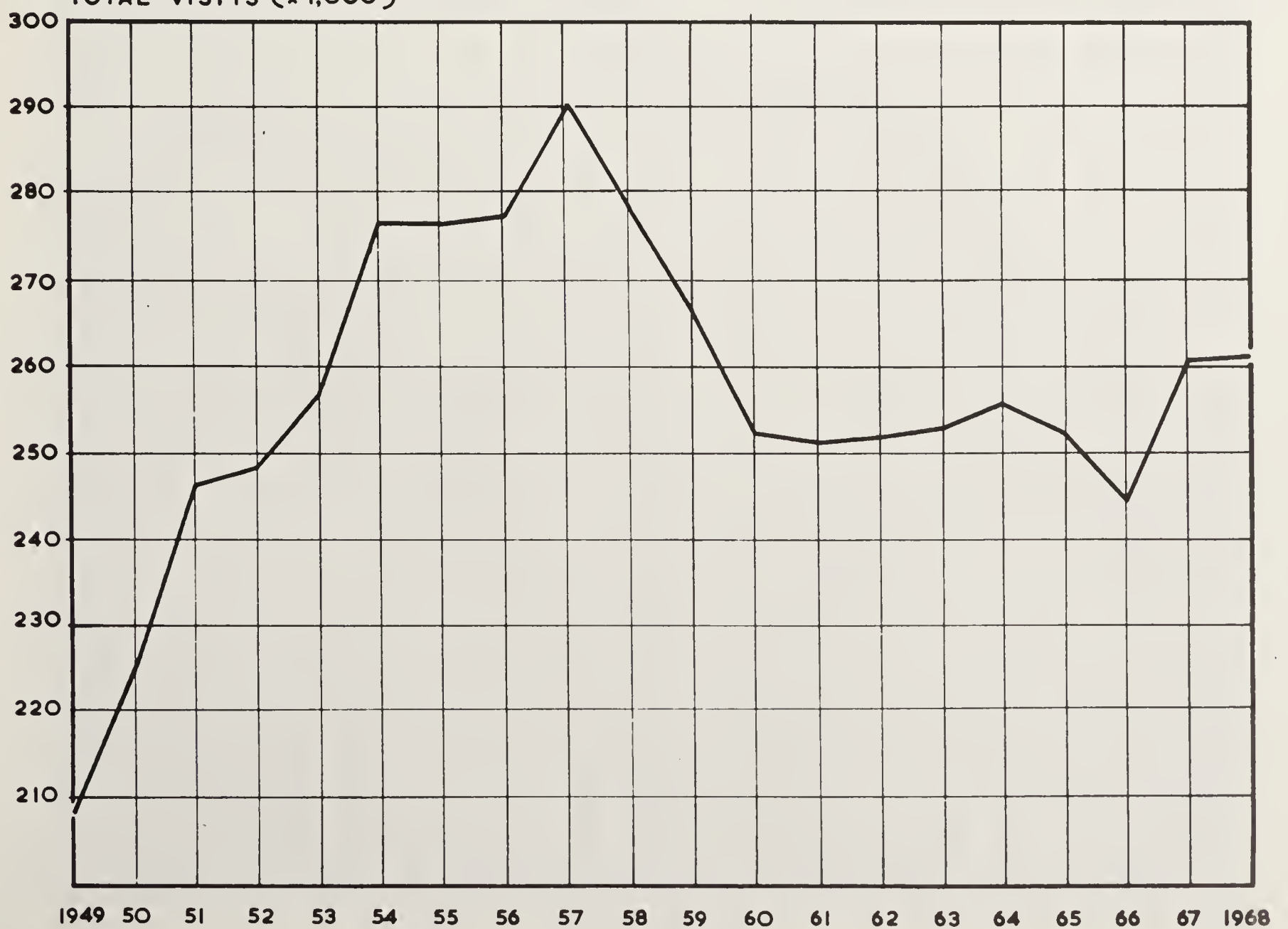
DISTRICT NURSING

20 YEARS - 1949 TO 1968 INCLUSIVE

CASES VISITED (x 10)



TOTAL VISITS (x 1,000)

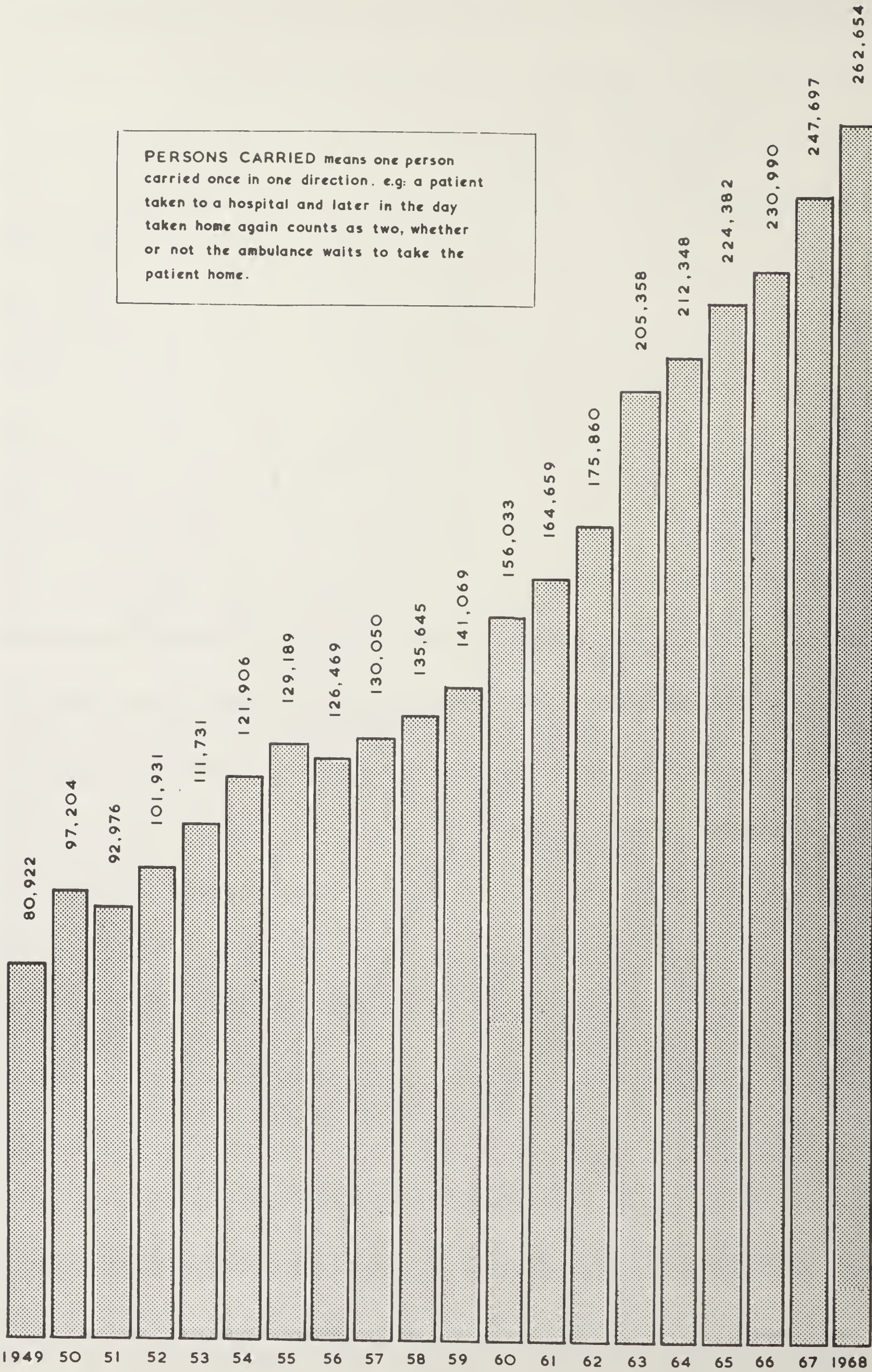


AMBULANCE STATISTICS

PERSONS CARRIED

20 YEARS - 1949 TO 1968 INCLUSIVE

PERSONS CARRIED means one person carried once in one direction. e.g: a patient taken to a hospital and later in the day taken home again counts as two, whether or not the ambulance waits to take the patient home.



AMBULANCE STATISTICS

MILEAGES

20 YEARS - 1949 TO 1968 INCLUSIVE



SERVICES PROVIDED UNDER THE NATIONAL HEALTH SERVICE ACT, 1946
CO-ORDINATION AND CO-OPERATION OF THE HEALTH DEPARTMENT SERVICES
WITH THE HOSPITAL AND FAMILY DOCTOR SERVICES

(a) With the Hospital Services

The established features of co-operation with the Hospital Services are referred to in detail in the respective sections of this report, but special attention is drawn to the extremely close functioning of the Psychiatric Day Centre at Sutton-in-Ashfield with the Psychiatric Unit of the adjacent King's Mill Hospital. This is co-ordinated by the Consultant Psychiatrists, Dr. Moss and Dr. Dubourg, and a further link in this range of services will be provided by a nearby Psychiatric Hostel which was completed during 1968 and for which Dr. Moss will have psychiatric oversight.

The establishment of an Assessment Unit at Sherwood Hospital to determine the most suitable placement for old people with mixed medical, psychiatric and social problems is another excellent example of the unified approach by Hospital and Local Authority Services, and it is hoped that another similar unit may soon be established.

Close liaison has been maintained with Hospitals throughout the County in anticipating the increased demands for Ambulance provision resulting from the establishment of new Units and Out Patient Clinics. In particular the opportunity has been given in the preparation of plans for the Teaching Hospital in Nottingham for views to be expressed on all links with the Ambulance Services and the actual design of loading bays and other facilities.

In planning for the operation of the Mansfield Health Centre, discussions took place with officers of the Mansfield Hospital Management Committee, and a number of links between the Hospital and Domiciliary Nursing Services have been developed.

The Consultant in charge of the Geriatric Unit at Victoria Hospital Mansfield has encouraged continuity of care by visits of District Nursing Staff to their patients while in hospital and particularly immediately prior to discharge.

(b) With the Family Doctor Service

The strengthening of existing arrangements and encouragement of further informal associations of Health Visitors, Midwives and District Nurses with General Medical Practices has been one of the prime tasks of the newly appointed County Superintendent Nursing Officer. Such associations will be facilitated by the Health Centres which will be established within the next few years throughout the County. In general, application of the principles of association is limited chiefly by shortages of staff in the three Nursing Services.

However, even where circumstances, such as the number of doctors in an area compared with available Nursing staff and their general commitments, do not permit informal "association", there is very active liaison which has increasingly come to be regarded as the normal basis for the provision of "community" medical services.

HEALTH CENTRES

(Section 21)

The first two Health Centres in the County were brought into operation during 1968.

The Mansfield Health Centre was officially opened by the Minister of Health, The Right Honourable Kenneth Robinson, M.P., on 28th June. Thirteen doctors are in occupation, comprising three group practices and each with his own consulting suite. A comprehensive range of Local Authority Services is also provided and, while the operation of such an extensive project has given rise initially to some relatively minor problems, these had in all probability been reduced to a minimum by the advance planning undertaken during the construction of the building by an Organisation Committee including representatives of the practices and Health Department administrative and nursing staff. This has been replaced by a House Committee constituted under the formal agreement between the County Council and the Executive Council, and of which the Clerk of the Executive Council is in fact the Chairman.

An interesting feature of this Centre is the system for dealing with night calls to the doctors. The Health Centre telephone number remains in use and, at all times when the Centre is closed, calls are automatically transferred to the Mansfield Ambulance Station where the supervisory staff receive and relay messages on a basis pre-determined with the doctors, who also operate a rota system for emergency contact.

The East Leake Centre was brought into use on 5th August, and this provides an interesting contrast with the Mansfield Centre, being designed to serve a village and its environs with a population at present approaching 5,000. A practice of two doctors is in occupation with provision for a third partner in due course, and a particular feature of the Centre is the availability not only of the Local Health Authority Dental Services but also sessional use by two firms of general dental practitioners, localising a service for which residents previously had to travel considerable distances.

Good progress was made during the year on the building of a Centre at Cotgrave, a rural mining village in the south of the County, on very similar lines to the East Leake Centre, and occupation is expected in March, 1969. The planning of a project to accommodate nine doctors and a full range of local authority services at Arnold, a large urban district adjacent to Nottingham, was also completed, with the anticipation of building commencing early in 1969.

Three further projects have been added during the year to advance building programmes, making a total of ten projects, two of which will be extensions to existing County Health Clinics.

CARE OF MOTHERS AND YOUNG CHILDREN

(Section 22)

In addition to the Health Centres opened at Mansfield and East Leake, new Child Health Clinics were established in rented premises at Kinoulton, Woodbeck, Kilton and Shireoaks, the latter two both being in the Borough of Worksop. With a view to improving facilities, changes of hired premises were effected at Keyworth, Kilvington, Mattersey Thorpe and Ravenshead. Thus, at the end of the year, 108 premises were used for Child Health and Ante-Natal Clinics, and the tables on pages 63 - 66 show the location of these Clinics, together with the frequency of sessions and average attendances per session throughout the year.

There were, of course, fluctuations in attendances at individual Clinics, but generally the level of attendances was satisfactorily maintained, and, in fact, for the second successive year, there was an increase in the attendances of ante-natal and post-natal patients (see table on page 68). There was also a welcome increase in the number of expectant mothers attending relaxation classes. Whilst there was a slight drop in the number of pre-school children attending Clinics, the proportion examined by Medical Officers increased significantly.

On the 1st January, 1968, a new system with regard to the recording and filing of notifications of births was introduced and for this purpose it was necessary to alter the style of the birth notification, a duplicated form replacing the long-used post-card type. The details supplied by persons notifying a birth remain unchanged, but whereas previously some eight or more clerical typing and filing procedures were necessary the new scheme involves only four such procedures, enabling birth records and the transfer of records relating to children moving into or out of the County to be dealt with much more speedily. It may be, however, that when the Council's new computer is installed birth records together with the concomitant 'At Risk' and Congenital Malformations Registers will be essential items for computer processing.

The scheme for notification of congenital defects apparent at birth continued as in previous years and it will be seen from reference to the table on page 71 that the incidence per 1,000 Total Births has continued to fall since the introduction of notification in 1964, although the fall in 1968 was relatively slight.

Day Nurseries and Child Minding Schemes

The table on page 74 shows the average daily attendances at the four Day Nurseries, and it will be seen that the attendances were satisfactorily maintained with the exception of the West Bridgford Nursery where staffing problems continued until mid-way through the year. Since these problems were resolved the attendances at this Nursery have improved considerably.

After full consideration of the need and use of the West Bridgford Nursery, the Health Committee agreed that there is a demand for nursery facilities for social need in the area and therefore that this Nursery should continue to operate. Approval has therefore been given to structural improvements being carried out during 1969, particularly in the kitchen, but unfortunately these improvements will not permit an increase in the number of children who can be accommodated.

Last year I commented at length on the three other types of Child Minding schemes operated by the Council. These schemes continued throughout 1968 with little variation, but at the end of the year they were under review in the light of Government Circulars 36/68 and 37/68 regarding the day care of children.

Welfare Foods Service

The number of Distribution Centres at the end of the year was 136, of which 108 were County Council Centres and 28 Voluntary Centres. Distribution arrangements continued upon the same lines as previously - with additional Centres being opened at Kilton and Shireoaks (Worksop Borough), Kinoulton, Orston and Woodbeck.

A table showing the trend of issues is given on page 67.

Dental Care of Expectant and Nursing Mothers and Children under school age

The loss of three Dental Auxiliaries during the year caused a deterioration in the service available to the pre-school child. Although the number of sessions devoted to this service remained fairly constant, this loss of Dental Auxiliaries resulted in more Dental Officers' time being spent treating these young patients than in the previous year. As a direct corollary the service was not so readily available and therefore parents have sought treatment elsewhere; nevertheless, statistics show an almost identical amount of work was done for this age group as in the previous year. It is unfortunate that some time must elapse before these Auxiliaries can be fully replaced but it is hoped that a part-time Auxiliary will commence duty early in 1969. The new premises at Mansfield,

Arnold and Carlton will provide accommodation for more of these Auxiliaries and it is to be hoped that in the not too distant future this accommodation can be fully utilised.

Where expectant and nursing mothers are concerned the trend established when free dental treatment through the General Dental Service was initiated continues. It is interesting to note that whilst the number of extractions for each course of treatment continues to fall there is a corresponding increase in the number of fillings. One would like to think that this trend is caused by increasing dental awareness.

The full statistics are given on page 77 of this report.

MIDWIFERY (Section 23)

The tables on pages 78-80 show the work of the domiciliary midwives during the year and it will be seen that the steady decline in the number of women confined at home continued, but that this was largely offset by a further considerable increase in the number of early discharges from maternity hospitals. However, in Nottinghamshire we have not yet reached the position recommended in the "Cranbrook" Report ten years ago that 70% of all confinements should take place in hospital, but this target may be achieved in the next few years when new maternity hospital accommodation will be in use. In 1968 the ratio of domiciliary to hospital confinements was 34 to 66.

The financial situation prevented any further progress towards a comprehensive radio communications system in the midwifery service, but it is hoped shortly to bring two additional portable transmitter/receivers into use in the Worksoy area where, following the success of the rota schemes previously established in other areas, a rota system was introduced in November. A similar scheme was previously established in the Eastwood/Kimberley district, the largest geographical area yet covered by a rota system, and here the rota was found to be especially beneficial for a long period when there were two vacancies in the area normally served by nine midwives.

Having regard to the increasing amount of equipment now carried by the domiciliary midwives, the Health Committee agreed that the old-fashioned type of ante-natal bag should be replaced by a new type of bag suitable for both ante-natal equipment and documents.

A further Refresher Course was arranged by the Royal College of Midwives at the Nottingham University from 4th to 10th August, 1968. Parties of midwives visited the Mansfield Health Centre, the Psychiatric Day Centre, Sutton-in-Ashfield, the Rainworth Adult Training Centre and Sherwood Industries.

HEALTH VISITING (Section 24)

At the end of 1968 there were 87 Health Visitors in post, including 19 working on a part-time basis. Five of the Health Visitors were appointed following the completion of their training Course under the Joint Training Scheme with the Nottingham Corporation. Eighty-five officers undertook combined duties, i.e. work in the School Health Service in addition to Maternity and Child Health and General Health Visiting, and the equivalent of whole-time Officers was 54.8 as against 58.0 for the previous year. Fixed sessions at Clinics, School Medical Inspections, etc., necessarily involve a considerable proportion of Health Visitors' time and 16,884 sessions were devoted to these "fixed" duties during

1968. The statistics on page 81 show an overall increase in the number of home visits undertaken by Health Visitors; the decreases in visits to expectant mothers and the elderly being more than offset by increased visits to pre-school children. It should be particularly noted, however, that one in every eight visits by Health Visitors was abortive, i.e., the Health Visitor did not make contact with the person intended to be visited or a responsible relative of that person.

Eight Health Visitors attended Refresher Courses during the year in accordance with the policy recommended by the Nurses' Committee of the Whitley Council.

In order to facilitate the Health Visitors' clerical work, diaries set out in the same pattern as the statistical return were brought into use at the beginning of the year, and at the same time a monthly statistical return was introduced instead of the weekly return previously required.

HOME NURSING

(Section 25)

The statistics relating to the Home Nursing Service, given on page 82 show further increases in the number of cases attended and in the number of visits, with the average number of visits per patient remaining at 28.

In this Service also, a revised monthly return, similar to the type used in the Midwifery Service, was brought into use as from the 1st January 1968.

Due to financial circumstances it was not possible to formulate an in-service training scheme and examination for District Nurses as suggested in Circular 23/67, but it is hoped that it will be possible to participate to a limited degree in a joint training scheme with a neighbouring Authority during the coming year.

Nursing or sitting-in assistance under the arrangements made with the Marie Curie Memorial Foundation was afforded during the year to fifteen patients with carcinoma.

VACCINATION AND IMMUNISATION

(Section 26)

Vaccination against smallpox and poliomyelitis, and immunisation against diphtheria, whooping cough and tetanus, continued to be offered routinely throughout the year to all newly born infants and to unprotected children moving into the County from other areas. Booster doses for those previously immunised were also routinely offered at school entry followed by an offer of re-vaccination against smallpox, where necessary, at about 8 years of age.

Under the County Council's approved arrangements vaccine is also made available as necessary to family or factory doctors for the vaccination against anthrax of employees in factories where they are exposed to special risks of contracting this disease.

In addition measles vaccines were made available up to 30th April for limited use by family doctors, i.e. for the protection of children at special risk from an attack of measles. As from the beginning of May 1968, however, vaccination against measles was offered in accordance with Ministry of Health Circular No. 9/68 to all children up to and including the age of 15 years with vaccine provided free of charge by the Ministry. During the months of May, June and July its use was, however, restricted to susceptible children between their fourth and seventh

birthdays and in the case of such children attending Day Nurseries and Nursery Schools, or living in residential establishments, to those between their first and seventh birthdays. Thereafter, as more vaccine became available vaccination was arranged for junior school children, for other children below school age, and for susceptible older children, and by the end of the year was being offered routinely to all newly born infants to be administered in the second year of life.

District Medical Officers of Health, acting on agreed terms as the County Council's agents, continued to be responsible for the organisation and conduct of this work, including the issue of vaccines, within their districts, and the County Council's Health Visitors and School Nurses worked in close collaboration with them. Where necessary clinical assistance was also given by the County Council's own medical staff.

General Medical Practitioners also participated in these arrangements and were paid for their services by the Executive Council who passed copies of records of vaccinations and immunisations performed by general practitioners to the Local Health Authority. Up to 30th April payment for records of measles vaccinations performed by general practitioners was made by the County Council but thereafter the Executive Council paid for these under the terms of Ministry of Health Circular No. 9/68.

Towards the end of the year agreement was reached with District Medical Officers of Health and with the Local Medical Committee on the adoption as from 1st January 1969 of a single schedule of vaccination and immunisation procedures as advised by the Ministry of Health on the recommendation of the Joint Committee on Vaccination and Immunisation and the Standing Medical Advisory Committee of the Central Health Services Council. The revised schedule provides for variation in the spacing of doses in the primary courses, the incorporation of measles vaccination in the second year of life, smallpox re-vaccination at school entry instead of at approximately 8 years of age, and for further re-vaccination against smallpox and booster doses of poliomyelitis vaccine and tetanus toxoid at fifteen to nineteen years of age or on leaving school. In accepting the revised schedule, however, it was decided that instead of offering the additional booster doses recommended at fifteen to nineteen years of age the County Council's Scheme should provide for advising parents of these recommendations when arranging the final school medical examination so that any necessary protection could be obtained from their family doctor.

Revised Consent Forms and vaccination and immunisation record forms were then printed and distributed for use under these revised arrangements and the record forms were printed in duplicate to provide a carbon copy for the family doctor concerned immediately following completion of each separate course of inoculations at any of the Council's Clinics or Centres. Health Visitors were also reminded in the year of the contra-indications to smallpox vaccination and were asked to make special enquiries as to these when consent seeking and to make a note on the consent form of any such condition which may be present in this case or in the household together with the name of the family doctor. This was arranged so that where necessary the District Medical Officer of Health or the Vaccinating Medical Officer might consult the family doctor as to the possibility of accidental infections of eczematous members of the family of the child vaccinated against smallpox before undertaking vaccination.

The table on page 83 indicates the work undertaken in the year and, for the purposes of comparison, in the three previous years, and at 31st December 1968 the percentages protected by immunisation against the diseases and in the age groups indicated were as follows:-

	<u>Percentage Immunised</u>
(1) Smallpox (children under 2 years)	52%
(2) Poliomyelitis (children born in 1967)	83%
(3) Whooping Cough (children born in 1967)	86%
(4) Diphtheria (children born in 1967)	86%

For the twelfth successive year no case was notified and no child died from diphtheria in the County Council's area.

AMBULANCE SERVICE (Section 27)

It is noteworthy to record that the whole of the statistics relating to the Ambulance and Hospital Car Services for the year 1968 which are given on pages 84-86 have been collated by the County Council's computer following the introduction, in co-operation with the County Treasurer, of the Ambulance Service Computer Scheme in April, 1967. In addition to the routine statistical analysis, the computer scheme provides a "retrieval information service" which can be used to obtain operational data about the movements of patients from County areas to Hospitals within and outside the geographical County and similarly from appropriate hospitals to specific County areas. It is expected that this will prove to be an invaluable aid in surveying, statistically, the operational organisation of the County Ambulance Service and assessing future operational trends and needs.

The number of patients carried by Ambulance Service vehicles continues to increase, the total number of patients conveyed during 1968 being 14,957 in excess of the total for 1967. The total mileage also increased by 76,063 to 1,494,526, of this increase 45,906 miles were covered by ambulances and 30,157 by dual-purpose vehicles. The average number of miles travelled by each patient in Ambulance Service vehicles during the year was 5.69 showing a further slight decrease on the previous year's average of 5.7 miles per patient.

The number of patients for whom arrangements were made for their conveyance by train to out-county destinations fell by 13 to 44 involving 4,732 miles i.e. an average of 108 train miles per patient.

Vehicles

The establishment of the main fleet of vehicles at the end of 1968 when the average age of the Ambulances was 3 years 9 months and the Dual-purpose Ambulances 4 years 6 months, is shown on page 85. The number of vehicles comprising the reserve fleet which is used to replace main fleet vehicles under repair or maintenance or to supplement the main fleet at times of extreme pressure was increased by three vehicles to eleven (ten Ambulances and one Large Dual-Purpose Ambulance) to provide for one reserve vehicle to be deployed at each of the eleven County Ambulance Stations.

Following a Major Disaster Exercise held at Kirkby-in-Ashfield on Sunday, 3rd March, 1968, which provided valuable experience in co-operation on the part of the various emergency services, it was apparent that there was a need for two Ambulance Equipment vehicles to be available garaged at strategic locations in the County on permanent standby and approval was given for two vehicles due to be replaced in the current financial year to be retained for this purpose.

Experience at the Major Disaster Exercise also confirmed the recommendation made in Part II of the Working Party Report on Ambulance Training and Equipment, that a vehicle specially designed and equipped as a mobile control unit should be available for use at such times and, accordingly, approval was given for the

purchase of an ex-Civil Defence Sector Control vehicle considered to be very suitable for this purpose.

Equipment

Following the Government's decision to place Home Defence on a "care and maintenance basis" and with the disbandment of the Civil Defence Corps, certain items of stores and equipment on loan or purchased from the Home Office became available for local purchase and a quantity of light rescue equipment was purchased from this source to equip each operational ambulance almost to the standard recommended in Part II of the Working Party Report on Ambulance Training and Equipment. In addition, also in accordance with the Working Party's recommendation, two hundred surplus Civil Defence First Aid Satchels were purchased for issue on a personal basis to each Shift Leader and Driver/Attendant.

Consideration was also given to the other equipment recommendations and, although in some instances total requirements are being phased over more than one financial year, action was taken to purchase quantities of the following items of equipment:-

- Stretcher poles
- Stretcher canvases
- Stretcher spreaders
- To supplement existing stocks of bellows type portable oxygen apparatus a number of the bag and mask system type of apparatus have been obtained.
- Burn sheets
- Insulated Rubber Gloves
- Disposable Gloves
- First aid dressing - for personal issue
- Thermometer - for personal issue

Staff

There was a considerable staff turnover during the year with fourteen men leaving the Service and eighteen men being appointed. In addition a further vacancy was created by a Shift Leader being appointed to a Control Assistant vacancy during the year.

The establishment and the staff in post on 31st December, 1968, is set out on page 86.

In accordance with Ministry of Health Circular 9/67, arrangements were made for one man to attend a residential experimental basic training course of six weeks duration at the Surrey County Ambulance Training School at Banstead. The opportunity was also taken to nominate a potential instructor for attendance at an Ambulance Instructors' Course at Easingwold which was held from the 23rd June to the 5th July, 1968.

Because of continued financial stringency, implementation of a local training scheme based on a local syllabus was again deferred but, for new entrants, a short course in Control Procedures was introduced and each new entrant, after an initial period at an Ambulance Station to enable him to "learn the ropes", has spent three days in either County Ambulance Control or one of the Main Station Controls.

One hundred and ninety members of the Service were entered in the National Safe Driving Competition for 1967 and the following awards were made:-

Special Bar to 15-years Brooch	13
15 - years Brooch	3
11 - 14 years Oak Leaf Bar	19
10 years Medal	4
6 - 9 years Bar	35
5 years Medal	8
Diploma	59
Exemption Certificate	2
	<hr/>
Total	143
	<hr/>

With the Government's decision to place Home Defence on a "care and maintenance" basis, plans for the expansion of the Ambulance Service in the event of hostile action by recruitment to the Ambulance Reserve were suspended and in accordance with Ministerial instructions action was taken to dispose of the five Crown vehicles held for this purpose. Two vehicles were purchased by other Departments of the County Council and three vehicles were returned to the Ministry of Defence Ordnance and Storage Depot.

The County Final of the National Ambulance Competition was held on the 25th May, the team representing the Beeston Station were successful with the Retford Station team being runners-up. The Retford and West Bridgford Stations teams tied for second place and following an oral contest the West Bridgford team were eliminated. The Beeston Station team went on to represent the County Service in the Regional Final held at the Royal Hall, Harrogate, on the 16th June and were placed fifth out of nine competing teams.

Communications

To facilitate instantaneous operational contact and ensure speedier and more efficient liaison between the Operations Room of the Nottinghamshire Combined Constabulary and County Ambulance Control, approval was given for the installation and rental on a shared basis of a private telephone wire for exclusive use between the two Controls.

Hospital Car Service

Statistics relating to the Hospital Car Service for the year are given on page 86.

It will be noted that the number of patients conveyed and mileage travelled by the Hospital Car Service continues to increase although there was a drop during the year in the number of enrolled drivers.

The aims of the Service have remained basically the same with the selection of patients being determined primarily on the basis of the remoteness of locality in relation to the normal ambulance journey patterns, the "awkwardness" of appointment times in relation to the flow of ambulance journeys and suitability for long distance journeys. With regard to long distance journeys, there has been a noticeable increase in the number of patients who need to be conveyed unavoidably to hospitals outside the County area for out-patient treatment and wherever it is operationally possible these journeys are allocated to the Hospital Car Service. On such journeys, it is not unusual for a volunteer driver to be away from home for four, five or six hours at a time as, apart from the travelling time involved, considerable time is spent by the volunteer driver waiting for the patient receiving treatment.

The part which the Hospital Car Service is playing together with the Ambulance Service, in meeting the ever increasing demands of the Hospitals is one of considerable operational importance. The goodwill which obviously exists

between the Hospital Car Service Organiser, her assistants and the volunteer drivers provides the fulcrum upon which the smooth working of day to day control depends and I am most appreciative of all their efforts.

On the 21st February, 1968, a meeting of volunteer car drivers was arranged at County Hall at the invitation of the Chairman of the Health Committee, County Alderman Mrs. B. Sharrard and tea was provided through the courtesy of the Chairman of the County Council, County Alderman Mrs. E.A. Yates, J.P., L.M.R.S.H., the Chair being taken by Mrs. J.S.F. Hill, County Organiser of the Women's Royal Voluntary Service. Fifty-two voluntary car drivers attended the meeting which proved to be a useful medium for an exchange of views. At this time the opportunity was taken to introduce a new enrolment form which limits the age of a volunteer driver to 70 years, incorporates questions as to particulars of endorsements or convictions for driving offences and seeks assurances from drivers that their particular car has been fitted with safety belts and is being regularly serviced in accordance with the appropriate manufacturers servicing programme. In addition, as ambulance personnel are required to meet a high standard of physical and driving fitness and because the work undertaken by volunteer drivers involves similar responsibilities, a confidential medical questionnaire was introduced to enable me to be satisfied that a volunteer driver is medically fit to convey patients on the County Council's behalf. Furthermore, as a precaution against a possible deterioration in physical fitness volunteer drivers will be requested to complete the medical questionnaire annually.

PREVENTION OF ILLNESS, CARE AND AFTER-CARE (Section 28)

Tuberculosis

The services provided for the tuberculous and in the prevention of tuberculosis continued as described in the 1967 report and details are given in the appended statistical tables.

Early in 1968 notification was received from the Nottingham and Nottinghamshire Association for the Prevention of Tuberculosis that the Charity Commission had made an Order authorising the extension of their activities to persons suffering from other diseases of the chest and heart and that henceforth they would operate under the title of Nottinghamshire Care Association for Tuberculosis and Chest Diseases. The Association's intention to extend their activities on these lines having previously been agreed by the County Council authority was then given for their agency work to cover other patients in hospitals or attending Chest Clinics and referred by Chest Physicians as from 1st April, 1968. Three cases in the new categories were referred to the Association in the remainder of the year, two for invalid chairs and one for convalescence.

Sherwood Village Settlement

The decline in the number of cases of tuberculosis at the Settlement referred to in the 1967 report continued in 1968 to an extent that could not be matched by the admission of mentally ill patients. Following a detailed review of the situation and discussions with all concerned, therefore, agreement was reached with the Department of Employment and Productivity to a proposal to extend the Village Settlement Scheme to all categories of registered disabled persons subject only to the training and employment facilities available at Sherwood Industries being suited to the individual disablement. Arising from this decision it was then also agreed to discontinue the admission of further infectious cases of tuberculosis and, if necessary, to consider at a later stage a suggestion by the Department of Employment and Productivity that cases in the new medical categories might also be accepted from areas outside Nottinghamshire on agreed terms.

Four Nottinghamshire cases in the new categories commenced daily attendances at the Village Settlement Workshops on 26th November, 1968 for pre-admission assessment purposes, i.e. to test their suitability for training and employment at Sherwood Industries before recommending their acceptance as trainees under the Disabled Persons (Employment) Acts, and in three of these cases consideration was being given to their acceptance as trainees at 31st December.

Particulars of other admissions and discharges in the year are set out in the table on page 88.

The building extensions at the workshops to provide a second spray booth and extra covered storage and assembly space as referred to in the 1967 report were completed in 1968 and brought into use towards the end of the year. These additional facilities were particularly welcome in view of the increase in the volume of production at Sherwood Industries on the new design of school furniture referred to in the previous report for which bulk orders continued to be received from the Nottinghamshire Education Committee and from neighbouring education authorities.

By invitation of the Department of Employment and Productivity Sherwood Industries products were displayed in the Department's exhibition "The Disabled Can Make It" at the Miners' Welfare Festival in Mansfield from 31st August to 2nd September, 1968.

During the year the County Council also authorised the General Manager of Sherwood Industries to attend meetings of an Association in the Midlands Area of Managers of Sheltered Workshops known as "Liaison" which had been formulated with the approval of the Department of Employment and Productivity to exchange information on products and on mutual problems and to facilitate co-operative effort.

Seven trainees (three tuberculous and four mentally ill) were accepted as Settlers, i.e. as wage earners in the year, and at 31st December four disabled persons (one tuberculous and three mentally ill) remained as Trainees and a further 28 persons (22 tuberculous and 6 mentally ill) were in employment as Settlers. Of these, five were awarded pay increases due to improvements in their proficiency and as from 4th March 1968 all Settlers and wage earning workshop staff had increases in their hourly rates of pay based on an agreement by the Local Authorities' Service Advisory Board with the National Union of Furniture Trade Operatives. The County Council also decided, in the light of experience of recent admissions to the Village Settlement, that as from 29th July 1968 commencing rates of pay on acceptance as Settlers should be based on individual gradings on the final training progress reports to the Department of Employment and Productivity, namely Grade 'A' report to attract 80% Craftsmans' rate; Grade 'B' report - 75% Craftsmans' rate; and Grade 'C' report - 70% Craftsmans' rate.

Two more vacant houses at the Village Settlement were let in the year to other members of the County Council's staff as there was no demand for their occupation by married settlers and their families, and at the same time authority was given for any other houses becoming vacant to be let in the same way if not required for settlers. At 31st December six of the 12 Settlement houses were so occupied. With the continuing decline in the numbers of resident tuberculous settlers six of the eight wooden chalets provided as temporary Hostel accommodation in 1954 were also dismantled and sold in the year.

Other Illnesses

For persons other than those suffering from tuberculosis the services provided in the year continued as described in the 1967 report and details are set out on pages 87 to 88 of the statistical appendix.

In addition assistance was given to one patient in accordance with Ministry of Health Circular No. 2/68 in the adaptation of his house to install an artificial kidney machine, and a second similar application was under consideration at the end of the year. Otherwise the approved scheme for the loan of nursing equipment and appliances remained unaltered although special consideration was given in the year to purchasing adjustable beds suitable for use in the domestic environment.

A second Chiropodist was appointed as from 1st August, 1968 to assist the Chief Chiropodist in the provision of chiropody treatment for the physically handicapped, the maintenance of chiropody services for the elderly, and with the development of a Preventive Chiropody Service for school children. The administrative changes in the chiropody service for the elderly as set out in the 1967 report were introduced in the period 1st January to 30th June 1968 by the Voluntary Old People's Welfare Committee who provide this service in the County and were soon shown to be effective in the control of expenditure and in the elimination of the "over-treatment" of some cases of which there had been evidence in some areas. The statistics set out on page 89 showing the number of treatments given in the year and the number of patients registered for treatment under this scheme at the end of the year, and the comparative figures for the four previous years, confirm this favourable trend. Towards the end of the year the Newark Old People's Welfare Committee gave notice of their intention to discontinue their 'agency' chiropody service for the elderly on the resignation of their Voluntary Chiropody Organiser. With effect, therefore, from 1st December 1968 this service was continued under direct administration arrangements by utilising the clerical services already provided for other County Council duties in the Newark Borough Health Department.

As forecast in the 1967 report three additional cervical cytology clinics were opened in the year, i.e. at Forest Town, Mansfield Woodhouse and Warsop. In addition sessions were held by arrangement with the management at three factories in the area where female labour predominates and at which a total of 371 women had screening tests.

Health Education

A Health Education Officer and two assistants continued to be fully employed on this work throughout the year and the County Council again made an annual contribution to the Central Council for Health Education.

The figures set out on page 91 indicate the activities undertaken or organised by the health education staff in the year including the further development of health education talks to school children on the lines referred to in the 1967 report. By the end of 1968 requests for these talks had in fact increased to such an extent that it was becoming difficult to meet all demands.

DOMESTIC HELP SERVICE

(Section 29)

The Service continues to operate in ten Districts as described in previous reports. Staff changes during the year included the appointment of a District Organiser in West Bridgford (replacement) by promoting the Assistant Organiser and the appointment of two Assistants, both replacements, one to fill the vacancy at West Bridgford and the other at Beeston.

The improvement in recruitment during 1967 was, unfortunately, not maintained, and this limited the expansion of the Service to some extent. Whilst the overall number of Home Helps employed (a fluctuating figure of 780 - 800) remained pretty steady during the first few months of the year, by the summer months it was

becoming very difficult to replace those leaving the service and in the autumn we were obtaining insufficient recruits to cope with the influx of new cases which come with the advent of winter.

From June to December the number of Home Helps who left the Service (whole County) was 136, and the number recruited was 135. Adequate recruitment is, of course, the life blood of the Service and new ways of attracting suitable women must be found if we are to expand. As an experiment during the autumn, in addition to local press advertisements in areas where the shortages occurred, displays in some Public Libraries were arranged in the hope that those with some leisure might be attracted to this type of work. Displays consisted of enlarged photographs of Home Helps on duty assisting physically handicapped people, a few brightly coloured posters, a 'questions and answers' card and a green nylon Home Help overall and badge mounted on board. 'Hand Outs' describing the Service were available for those interested. Whilst it is impossible to measure the immediate value of such publicity, there is no doubt that the displays must have been seen by thousands of people and it is hoped that not only will knowledge of the Service be spread in this way but that recruitment will also be assisted. Districts covered up to December were Retford, Beeston, Sutton-in-Ashfield and Worksop.

Despite the limitations imposed by lack of recruits in the latter part of the year, the cases served during 1968 are 224 up on the previous year, the largest increase being in the category of the over 65's. The number of maternity cases dropped by 125.

The Home Helps had an increase in pay in September from 4/11¹/₄d per hour to 5/2d. The charge remains unaltered at 5/3d per hour except in the case of those who are unable to afford this amount when the County Council's Scale of Assistance (unaltered since 1967) is applied.

It seems clear that in the foreseeable future, not only will the recruitment problem be of vital importance but that we must turn our attention to retaining those Home Helps we already have by making their jobs as attractive as possible. With this in mind, the plans for a general In-Service Training Scheme mentioned in my last report were being finalised at the end of the year to be put in operation in the early part of 1969 when it is intended to give the Home Helps the opportunity for group discussions following demonstrations and talks in connection with the more difficult aspects of their work arising from assisting the sick and handicapped. It is intended that this should take place in the first few months of their service when possible.

In order to give some idea not only of the volume of work undertaken during 1968 which is shown in the statistical table at the end of this report, but also of the nature of the work, a survey has been made of two particular categories, the one classed as 'others' and the 'over 65' age group.

In the first category mentioned 341 cases were served. These were largely short term cases of acute illness but 137 were families in need of long-term help for varying reasons and it can be assumed that a considerable saving was effected by providing sufficient help to prevent the disintegration of the family units with the small children possibly going into 'care'.

A further break-down in these figures shows that in the 17 problem families assisted by specially trained Home Helps, there were 108 children involved with age groups varying as follows:-

0	-	5 years	=	37
6	-	16 years	=	66
17	-	18 years	=	<u>5</u>
Total				<u>108</u>

One hundred and two families received regular help on account of the chronic illness of the mother. These are all long term cases and the ages in this category are as follows:-

0	-	5	=	68
6	-	16	=	144
17	-	18	=	5
				<hr/>
Total				217
				<hr/>

A further eighteen families rendered motherless by either death or desertion received regular help on a long term basis and the ages of the children are:-

0	-	5 years	=	8
6	-	16 years	=	47
17	-	18 years	=	6
				<hr/>
Total				61
				<hr/>

The amount of help given in such cases varies, but it is never residential and rarely full-time except where there are very young children and the help is provided to enable the father to stay in full-time employment.

In the category of the over 65 years age group, bearing in mind that both the Department of Health and Social Security and the Hospital Authorities have advised that geriatric hospital beds should be reserved for patients who might be expected to benefit from the specialist medical services available, every effort is made to maintain elderly people in their own homes and only when the amount of help which can be provided through the service is insufficient for their increasing needs is it necessary for them to be admitted to hospital or to residential establishments.

But this is not done without considerable strain on our resources as will be seen from the following analysis. Of the cases served in 1968, 3,967 cases out of a total of 5,324 in this age group commenced to have help before January 1st, 1968, and many of these households have been served for years. 4,223 cases are served without charge because the income is from Government Retirement Pension and in most cases also a supplementary pension.

Included in the figure of 5,324, 509 cases have daily help (many others need it but we have insufficient Home Helps to provide it). 117 patients are incontinent.

In addition there are 399 cases who are either very old or incapacitated and who find it extremely difficult to manage without their help for shopping, fire lighting, cooking and cleaning.

MENTAL HEALTH SERVICE
(Sections 28 and 51)

The Local Health Authority's Mental Health functions continued to be carried out during the year through the Mental Health Sub-Committee of the Health Committee to whom I am responsible for the organisation, control and medical direction of the Service.

Notable developments in 1968 were the opening of the Authority's first psychiatric hostel at Mansfield and the commencement of work at Arnold on the second purpose-built Adult Training Centre which will provide 200 places. Planning was also well advanced on the conversion of the Digby Avenue Training Centre at Mapperley from a mixed to a junior Centre in anticipation of the transfer of the adults to Arnold in 1969, and work was expected to commence before the end of the financial year.

Although the Authority can feel reasonably satisfied with the progress made in recent years in the development of their community provision for the mentally disordered, financial difficulties have imposed a brake at a time when demands for services of all kinds are stretching resources of both staff and premises beyond reasonable limits and feelings of frustration are in no way alleviated by ever ready criticism of real or alleged shortcomings. Paradoxically, efforts to augment existing services are thwarted by public resistance to the policy of community care, particularly where this involves the building of hostels, and the acquisition of sites for this purpose is strenuously opposed by local residents. There has built up over the years since the inception of the National Health Service an attitude of mind which increasingly demands immediate solutions to all problems and, as the needs to be met become ever more extensive and refined in terms of the services required, it is evident that demand for facilities of all kinds is likely always to exceed their supply.

Two Advisory Mental Welfare Officers from the Department of Health and Social Security visited the area during the year to review the services provided for the mentally ill and the mentally subnormal. Major recommendations made as a result of these visits were concerned with problems of staff recruitment and training and much helpful advice was also received in regard to Centre and Hostel training programmes.

Staff

In view of continuing inability to recruit Psychiatric Social Workers to the joint posts with Hospital Management Committees, agreement was reached at the end of the year to extend these appointments so as to include holders of the National Certificate in Social Work with special experience in the Mental Health field. It is hoped that this will stimulate recruitment and provide more worthwhile career prospects. It was also decided to appoint an Assistant to the Senior Mental Health Officer with special responsibilities for casework supervision and training.

In September, two more officers commenced their training for the Certificate in Social Work and a third was entering the second year of the two-year Course. Two female Assistants at Training Centres were seconded to Diploma Courses for Teachers of the Mentally Handicapped and another entered her second year of training.

In recent years, unqualified female staff of Junior Training Centres have become noticeably more resistant to proposals to second them for formal training and, as well as considerations of a personal nature, other possible reasons for this are the uncertainty which has surrounded the future pattern of training provision and the very small financial reward which accrues from possession of a Diploma in comparison with the salary scale for unqualified staff.

During the year supervision in practical work placements of students undertaking social work training has been carried out by trained members of the social work staff and it is to be anticipated that these placements will increase in future years as more of the Authority's own staff become qualified.

Co-ordination with Regional Hospital Boards and Hospital Management Committees

Liaison between Local Authority and Hospital Services continues to work smoothly on the whole although lack of adequate facilities can sometimes lead to mutual recriminations. Arrangements generally are on an informal basis, depending largely upon the establishment of sound day-to-day working relationships, and the anticipated increased implementation of the agreed joint user arrangements in respect of certain of the senior social work staff should lead to increased understanding and an even closer degree of co-ordination. In this respect, of course, the time has long passed when one tended to think in terms of distinct areas of responsibility for social work and hospital staffs are aware that the Authority's officers are available for referrals whether patients happen to be in or out of hospital. Thus, they are encouraged to visit the local hospitals as frequently as possible and to attend the various out-patient clinics which are held throughout the County area.

At Sutton-in-Ashfield, the two local Consultant Psychiatrists have continued to act as Advisers to the Authority's Day Centre by arrangement with the Regional Hospital Board and the continually increasing demand for this service has amply demonstrated the value of such Centres in the overall provision for the mentally ill. The two Consultants have also agreed to provide psychiatric oversight of the Authority's first Psychiatric Hostel in Mansfield to which the first residents were admitted late in the year.

In the field of subnormality, there is the closest co-operation with the two Consultants at Balderton Hospital which serves the County area and this helps to ensure that the special facilities of the Hospital are made available in a systematic way to the greatest possible number of patients.

Voluntary Associations

The Authority have not delegated any of their Mental Health functions to Voluntary Bodies but they continue to work closely with them in any activities designed to further the interests of the mentally disordered. In particular, it is fitting to pay tribute to the several local Societies for their untiring efforts on behalf of the mentally handicapped and to acknowledge that there are areas in which voluntary effort will continue to point the way for their colleagues in the statutory services whose terms of reference may not always be as flexible as they would wish.

Reference was made in last year's Report to the National Spastics Society's Family Help Unit in Nottingham and to the fact that, in providing both day care and short-term residential care for children with dual mental and physical handicaps, it is meeting a need which has yet to be adequately catered for by statutory bodies. Since that time, discussions have taken place with the Regional Hospital Board as to ways and means of improving provision for the multiply handicapped and, in particular, of strengthening day care and short-term care provision for those who cannot yet be provided with these facilities through the statutory services. In consequence, it is hoped that, in addition to seeking to strengthen their own resources, the Board and the Local Authority will shortly find a way of giving financial support to the Spastics Society in the use of their Family Help Unit.

Work Undertaken in the Community

Prevention of Illness, Care and After-care

The tables on pages 94 and 95 show the number of patients referred during the year and the number under care at 31st December, 1968 together with comparable figures for the four preceding years.

It will be noted from the figures given that, although the total number of cases referred was about the same as in previous years, there was a continuation of the trend noted last year whereby fewer direct referrals are being received from general practitioners and many more cases are coming to notice through the hospitals. There could be a number of reasons for the increased use being made of the Authority's social workers by hospital medical staffs, but this does seem to indicate a greater readiness to utilise the particular skills of the trained social worker and the consequent development of a much closer working relationship. This should be still further strengthened with the making of the joint social worker appointments to which reference is made earlier.

Psychiatric Day Centre, Sutton-in-Ashfield

A total of 114 patients were admitted to this Centre in 1968, 90 were discharged and there were three deaths. At the end of the year there were 104 names on the register as compared with 83 in 1967 and 51 in 1966 when the Centre was opened. The table on page 93 gives a summary by diagnostic category of the numbers in attendance at 31st December, 1968.

It is still necessary to ration attendances as, although the capacity of the Centre was increased during the year from 60 to 75 places by the conversion of one of the day rooms to a workshop, demand continues to exceed this figure and gives every indication of increasing still further. Extensions to the building are likely to be the only satisfactory solution in the long run although it has to be remembered that, as the only Centre of its kind in the County, local residents already enjoy facilities which are not available to those in other areas.

Generally, the year was successful in the light of the progress made towards a clearly defined programme of rehabilitation and every effort was made to sustain and enhance a purposeful, work-like atmosphere in which greater success in obtaining industrial outwork played a valuable part. At the same time, due importance was also given to a wide range of social, recreational and creative activities designed to assist the individual patient to achieve a full and speedy re-adjustment to life in the community.

The "Wednesday Social Club", which meets on the Centre premises, continued to be a success with patients, relatives and friends. In addition to the regular weekly meetings, parties were arranged at Easter and Christmas and several outings were arranged during the Summer months. The popularity of this Club owes much to the enthusiastic support of the Centre staff and the local social workers.

Training Centres for the Subnormal

The table on page 97 shows the numbers in attendance at Training Centres on 31st December, 1968, with comparable figures for the previous four years. It is apparent from the figures given that further provision will need to be made as a matter of some urgency if long waiting lists are to be avoided. This applies particularly to places for adults, although some additional junior accommodation is also needed, and it is of prime importance that further Adult Training Centres be established at the earliest possible date, both to clear an ever growing waiting list and to make it possible to transfer trainees from Junior Centres where places will otherwise be blocked for newly ascertained children. It is therefore particularly encouraging to report that work was well advanced at the end of the year on the new Adult Centre at Arnold which will provide 200 further places although the proposed conversion of the Digby Avenue mixed Centre to purely junior use and the consequent transfer of the adults to Arnold will, in effect, reduce the net gain to 145 places. However, with some judicious re-arrangement of catchment areas, it will then be easier to contain the overall problem for a little while longer even though we shall still be less than half-way towards meeting the estimated long-term adult need.

Home and Group Teaching

The Home Teacher continued during the year to run a weekly group teaching class at Worksop for the mentally ill and fortnightly classes at Sutton-in-Ashfield and Warsop for the mentally subnormal. In addition, she paid regular weekly or fortnightly visits to selected mentally subnormal patients in their own homes. The patients attending the classes or receiving home visits were mainly adult females who could benefit from the social contact and the opportunity for diversionary occupation.

Hostels

The table on page 98 gives details of the places provided and occupancy of the Authority's three Hostels which cater respectively for mentally subnormal children, mentally subnormal adults, and for the rehabilitation of the mentally ill.

It will be observed that both Hostels for the subnormal were fully occupied at the end of the year and, whilst there are certain reservations about this method of care for children, particularly those who are admitted from Monday to Friday each week purely to avoid the inconvenience of daily travel to Training Centres, there is no doubt that further hostels for adults are an urgent necessity. Irrespective of the merits or otherwise of this form of care, it has to be recognised that the individual need is of a long-term nature, with little or no turnover, and that the much greater degree of selectivity for subnormality hospital beds makes it increasingly difficult to find residential accommodation for all those who need it.

The new Psychiatric Hostel at Bancroft House, Mansfield, admitted its first patient at the end of October. As at the Psychiatric Day Centre at Sutton-in-Ashfield, the two Consultant Psychiatrists at the King's Mill Hospital kindly agreed to act as Advisers and to be members of an admissions panel which also includes the Senior Mental Health Officer and the Hostel Warden. In matters of day-to-day management, the Authority decided that the Day Centre Management Committee plus the Hostel Warden or his Deputy should also be responsible to the County Medical Officer for the running of the Hostel since it was felt that this would facilitate co-ordination of matters of mutual interest to both the Centre and the Hostel, and laid down the following general conditions:-

Admissions should normally be restricted to the age group 16 - 55 years.

The Hostel should cater primarily for short-term rehabilitation (six - twelve months' stay) although the possibility of long-stay need must be accepted.

Prospective residents must be reasonably capable of looking after themselves as they would in lodgings and have the ability to maintain regular attendance at occupation, coupled with work potential.

There should be no emergency admissions.

Certain categories of patient, including alcoholics, drug addicts and gross personality disorders, should not be admitted.

At the time of writing this Report, experience has not yet been extensive enough fully to assess the merits of this policy although it already seems fairly clear that it may need to be modified to some extent, particularly in regard to the excluded categories and to residents' length of stay.

Hospital Care

The table on page 96 gives particulars of the work undertaken during the year by the Authority's officers in securing treatment for persons suffering from mental disorder.

The areas of greatest pressure for beds continued to be in respect of the mentally subnormal and the elderly mentally confused for whom existing provision is far from adequate, with resultant distress in many homes.

Short-term Care

It will be seen from the table on page 99 that 316 periods of short-term residential care were provided during 1968, an increase of 54 on the previous year. This was arranged in conjunction with the local subnormality hospitals either for purposes of assessment and diagnosis, as a means of providing temporary help in periods of family crisis, or simply to give relatives some relief.

NURSING HOMES

Two additional Nursing Homes, at Woodthorpe and Kirkby-in-Ashfield, were registered during the year, and at West Bridgford the registration of one Nursing Home was transferred when new larger premises in another part of the district were acquired. Also at West Bridgford the accommodation at the South Bank Nursing Home was increased from 11 to 19 beds. Thus at the end of the year there were eight registered Nursing Homes providing 149 beds (43 surgical or medical and 106 medical or chronic).

None of the Nursing Homes is registered to undertake treatment under the Abortion Act 1967.

NURSING AGENCIES

A Certificate of Registration under the Nursing Agencies Act 1957 was issued on the 1st August 1968 to a Nursing Agency at Newark.

NURSERIES AND CHILD MINDERS REGULATION ACT 1948

HEALTH SERVICES AND PUBLIC HEALTH ACT 1968

Section 60 of the Health Services and Public Health Act 1968, which amends the Nurseries and Child Minders Regulation Act 1948, came into operation on the 1st November 1968 and from that date the scope of the 1948 Act was extended to include premises (other than those used wholly or mainly as private dwellings) in which children are received for a total of two hours or more in the day, and persons who in their own homes and for reward look after for similar periods one or more children under the age of 5 years to whom they are not related. The maximum penalties for failure to register were substantially increased.

Because of delay in printing the new forms required no registrations under the new regulations were carried out in 1968, and the heavy volume of additional work, both field and administrative, will not be reflected until next year's report.

Whilst the registration of Child Minders was maintained at the level of the previous three years, the registration of premises during the year again showed a marked increase. This can almost wholly be attributed to the growth of the

Pre-School Playgroup Movement. It is now generally recognised that the Playgroups are filling a very necessary need in preparing the under fives for school and in enabling children to enjoy the benefit of other children's company. There are also beneficial side effects for the mother who may find new friends and activities within a Playgroup.

Routine review of registrations proved the need for vigilance, particularly with regard to the number of children received and illustrated how very difficult it may be in some circumstances to prove that reward is being received for the care of children.

The Council continued its policy of making facilities available for Playgroups free of rent wherever possible and during the year the East Leake Playgroup was accommodated in the new Health Centre. Similarly, accommodation was provided for a Playgroup at the Kirkby-in-Ashfield County Health Clinic.

FAMILY PLANNING SERVICE

The arrangements made with the Family Planning Association and the Nottingham Women's Welfare Centre for them to act as the Council's agents for the provision of a full range of services for women at medical or social risk, have become firmly established.

Family Planning Clinics are now held by the two Organisations at fifteen County Health Clinics, an increase of three during the year, while the sessions held at established Clinics have also increased.

The domiciliary schemes operating in the Mansfield and Worksop areas have proved to be very beneficial, and in the latter scheme 47 patients have been visited since its inception in November, 1967, and none have become pregnant.

Facilities are widely publicised to medical and social work staff in all spheres of the National Health and related services and, in particular, approaches to the various Hospital Management Committees serving the County have resulted in reviews of their own provision.

A meeting of Consultant Obstetricians and Gynaecologists in Nottingham Hospitals, together with Local Authority and Voluntary Body representatives, was also held in the latter part of the year, as a result of which arrangements for the provision of a family planning service at post-natal clinics were agreed upon, and pilot schemes devised for two Hospitals. The two family planning organisations are also to provide leaflets giving details of the services they offer, for distribution to women before discharge from hospital following confinement.

ENVIRONMENTAL HEALTH

Clean Air

The position regarding the development of smoke control areas by County District Councils is that nine smoke control areas became operative during the year and ten areas were either approved but not operative, or were awaiting approval by the Ministry, at December 1968.

Local surveys of air pollution which were started several years ago to assess the degree of pollution in individual areas are now revealing a substantial reduction as the areas of smoke control are being extended.

There is a growing practice of installing appliances designed for smokeless fuels in Council houses. One authority alone now has over one thousand houses equipped in this way.

Observations of industrial plants are made as routine practice but there is no doubt that domestic sources are the main cause of air pollution at the present stage.

The Authority continued their collaboration with the Ministry of Technology in the National Survey of Air Pollution and contributed a further year's data for examination at the Warren Spring Laboratory, Stevenage.

The two monitoring stations have recorded day to day results for a number of years, the Farnsfield County Primary School since February, 1966 and the station at Grove since September, 1963.

For the purpose of maintenance and reporting the two stations required 71 visits during the year.

The Ministry attach considerable importance to the results from these surveys and have requested that they continue for a least another year.

The Authority continued to support the National Society for Clean Air, a connection extending for almost twenty years.

Public Cleansing

One result of domestic smoke control is reported to be a greater bulk of refuse of less weight since in many instances the open fire has been lost as a domestic incinerator.

There is a general tendency for this and other reasons, towards the use of collection vehicles of large capacity of up to 50 cubic yards.

Reports also show an extension of the paper sack system of refuse collection. Two new pilot schemes commenced during the year. One authority formed the policy of equipping all new houses for paper sacks, the number standing at 600 at the end of the year.

Drainage and Sewerage

Five major schemes were in progress during the year and seven other schemes reached completion.

Sludge disposal presents a problem at all times and there are reports of sludge digestion units being installed to existing plants with successful results. The provision of lagoons with treatment of effluent over grass has been found to improve the standard of the final effluent.

Water

Reports of extensions of mains during the year amount to a total of 44,000 yards.

Sampling showed that all supplies by mains were bacteriologically satisfactory.

Fluoridation of Water Supplies

The Central Nottinghamshire Water Board and the Lincoln and District Water Board, which respectively serve substantial areas of the County, indicated that, subject to several important points of principle being resolved as to the means

of introducing fluoride to their water supplies, they might be in a position to commence limited schemes in 1969-70.

The Lincoln and District Water Board, which serves parts of the areas of four Local Health Authorities, had in fact only agreed, at the end of November, 1968, to fluoridate their supplies. Only one exploratory meeting has been held with representatives of the Board and the Authorities concerned, and concurrence in a suitable form of agreement will be necessary before detailed proposals can be formulated. Financial provision has been approved.

A total population of approximately 7,000 in parishes along the southern boundary of the County is likely to be affected by the schemes for the fluoridation of the water supplied by the River Dove Water Board to the Leicester County Borough Water Undertaking and the North-West Leicestershire Water Board. The Department of Health and Social Security are co-ordinating the proposals, which involve a number of Authorities, and commencement in mid-1970 is anticipated.

Food

There were 53 Registered or Licenced Slaughterhouses in use during the year.

The total weight of food condemned as unfit for human consumption including meat and food other than meat was approximately 175 tons.

Food Hygiene Regulations

Reports of District Medical Officers of Health show that control was maintained by regular visits of inspection to all food premises, when every opportunity was taken to give advice in good hygiene practice.

Dr. Robinson's comment under this heading is most apt - "Whilst the standard of hygiene generally speaking is improving, experience shows that even the better type of food handler is quite unaware of the reasons for some of our requests. In an otherwise immaculate butchers' shop one can find the knife used for cutting up raw meat being next used for slicing ham, tongue and other made up meat foods which will not subsequently be subjected to heat treatment."

There were eleven outbreaks of food poisoning reported during the year though none was extensive.

On thirteen occasions during the year County District Councils were obliged to institute proceedings against offenders under the Food Hygiene Regulations.

Sewerage and Sewage Disposal

The following schemes were submitted to the County Council for consideration during the year.

County District Council	Scheme	Parishes to be served	Estimated Cost
Bingham Rural District Council	Provision of Sewerage system and sewage disposal works.	Upper Broughton	£47,550
East Retford Rural District Council	Provision of Sewerage scheme	Gringley-on-the-Hill & Clayworth	£191,220

Work of the County Health Inspector

The following refer to inspections and investigations carried out by the County Health Inspector not included in other sections of the Report.

County Health Clinics	2
Day Nurseries	27
Nursing Homes	6
Mental Health Training Centres	4
Water Supply	19
Difficult Housing circumstances	4

Biological Sampling of Milk

The sampling of milk which for thirty years covered all the milk producing farms in the County is now confined to the relatively small number of producer retailers of untreated milk, the main purpose being the detection of brucellosis.

In accordance with the recommendation of the Ministry of Health in Circular 17/66 of October, 1966, sampling for this purpose continued at monthly intervals.

At the end of the year there were 29 farms where milk was produced and distributed without heat treatment. Additional samples were taken at six monthly intervals for the presence of tuberculosis.

The results of all milk sampling carried out during the year are set out in the appropriate table.

The outbreak of foot and mouth disease led to sampling being discontinued during the early part of the year. In February the County became a controlled area after a period as an infected area and sampling was not resumed until the end of April.

Health Services

Summary of Statistics 1968

ADMINISTRATIVE COUNTY OF NOTTINGHAM

HEALTH SERVICES

SUMMARY OF STATISTICS, 1968

Area in acres (land and inland water, Census 1961)	521,646
Population Census, 1961	591,089
Number of Households, Census 1961	189,679
Average number of persons per household, Census 1961	3.1
Population estimated, June 1968	659,400
Rateable Value	£24,229,287
Estimated product of a penny rate	£98,327

	<u>County</u>	<u>England & Wales</u>
<u>Mothers and Infants</u>		
Live Births	11,772	819,275
Live Births per 1,000 population: Crude	17.85)	16.9
Corrected	17.32)	
Illegitimate Live Births per cent of total Live Births	6.57	Not available
Still Births	186	11,847
Still births rate per 1,000 Live and Still Births	15.56	14.3
Total Live and Still Births	11,958	831,122
Infant Deaths	192	14,952
Infant Mortality Rate per 1,000 Live Births	16.31	18.3
Infant Mortality Rate per 1,000 Live Births - Legitimate	15.91	Not available
Infant Mortality Rate per 1,000 Live Births - Illegitimate	21.99	Not available
Neo-Natal Mortality Rate per 1,000 Live Births	10.19	12.4
Early Neo-Natal Mortality Rate per 1,000 Live Births	8.75	10.5
Peri-Natal Mortality Rate (Still Births and Deaths under one week combined per 1,000 total Live and Still Births)	24.17	24.7
Maternal Deaths - including abortion	3	198
Maternal Mortality Rate per 1,000 Live and Still Births	0.25	0.24

				County	England & Wales
<u>Deaths (all ages)</u>					
Number - all causes	...	...	...	6,930	576,601
Death Rate: Crude	...	...	...	10.51)	11.9
Corrected	...	...	...	12.30)	

Tuberculosis

Number of Deaths -					
All Forms	...	...	...	16	2,091
Pulmonary	...	...	...	10	1,458
Non-Pulmonary	...	...	...	6	633
Death Rate -					
All Forms	...	...	...	0.02	0.04
Pulmonary	...	...	...	0.01	0.03
Non-Pulmonary	...	...	...	0.01	0.01

Cancer

Number of Deaths	...	...	...	1,305	112,543
Death Rate	...	...	...	1.98	2.3

Live Births

Number of Registered Live Births			
	Legitimate	Illegitimate	Total
Male ...	5,692	386	6,078
Female...	5,307	387	5,694
Total ...	10,999	773	11,772

Illegitimate Births

Year	No. of Illegitimate Births registered	Rate per 1,000 of the population	Rate per 1,000 Live Births
1958	372	0.65	38.5
1959	421	0.73	42.3
1960	373	0.64	36.2
1961	469	0.79	44.2
1962	488	0.81	43.2
1963	549	0.90	47.7
1964	603	0.97	50.8
1965	658	1.04	56.1
1966	702	1.09	60.7
1967	743	1.14	63.2
1968	773	1.17	65.7

Principal Causes of Death

Heart Disease	...	...	...	...	2,123
Cancer, Malignant Disease	...	...	...	...	1,305
Cerebrovascular Disease	...	...	...	...	972
Diseases of Respiratory System (excluding Tuberculosis)	...	...	...	...	1,055
Accidents	...	...	...	...	231

Infant Deaths

Deaths of Infants under one year of age			
	Legitimate	Illegitimate	Total
Male	103	10	113
Female	72	7	79
Total	175	17	192

Distribution of Still Births and of Infant Deaths

				Still Births	Under One Month	Between 1-12 Months	Total
URBAN DISTRICTS							
Mansfield (Borough)	...	...		12	13	8	33
Worksop (Borough)	...	...		12	4	9	25
Newark (Borough)	...	...		6	8	6	20
East Retford (Borough)		...		7	1	-	8
Arnold	...	...		8	4	-	12
Beeston & Stapleford	...	...		23	6	8	37
Carlton	...	...		14	4	4	22
Eastwood	...	...		3	2	2	7
Hucknall	...	...		5	9	3	17
Kirkby-in-Ashfield	...	...		5	7	1	13
Mansfield Woodhouse	...	...		9	3	4	16
Sutton-in-Ashfield	...	...		12	7	4	23
Warsop	...	...		3	4	2	9
West Bridgford	...	...		4	2	2	8
Totals for Urban Districts				123	74	53	250
RURAL DISTRICTS							
Basford	...	...		25	12	6	43
Bingham	...	...		9	8	5	22
Worksop	...	...		6	5	2	13
East Retford	...	...		6	2	1	9
Newark	...	...		5	2	-	7
Southwell	...	...		12	17	5	34
Totals for Rural Districts				63	46	19	128
Whole County				186	120	72	378

Table of Causes of Death of Children

Under One Year of Age

Cause of Death	Number of Deaths			Rate per 1,000 Live Births
	Urban Districts	Rural Districts	Whole County	
Enteritis and other diarrhoeal diseases	1	1	2	0.17
Measles	1	-	1	0.09
Infective and parasitic diseases	1	-	1	0.09
Leukaemia	-	1	1	0.09
Malignant neoplasms	1	-	1	0.09
Endocrine, nutritional & metabolic diseases	1	-	1	0.09
Meningitis	3	-	3	0.25
Other diseases of nervous system & sense organs	2	1	3	0.25
Heart disease	2	-	2	0.17
Influenza	1	-	1	0.09
Pneumonia	19	6	25	2.12
Bronchitis, emphysema	1	-	1	0.09
Other diseases of the respiratory system	8	6	14	1.18
Intestinal obstruction & hernia	2	-	2	0.17
Diseases of the skin & subcutaneous tissue	1	-	1	0.09
Congenital anomalies	39	11	50	4.24
Birth injury, difficult labour, & other anoxic & hypoxic conditions	19	13	32	2.71
Other causes of perinatal mortality	18	21	39	3.30
Symptoms & ill-defined conditions	-	1	1	0.09
Motor vehicle accidents	-	1	1	0.09
All other accidents	7	3	10	0.85
	127	65	192	16.31

Birth and Death Rates (Corrected)

	BIRTHS			DEATHS		
DISTRICT	Crude Rate per 1,000 of the Population	Area Compara- bility Factor	Corrected Rate per 1,000 of the Population	Crude Rate per 1,000 of the Population	Area Compara- bility Factor	Corrected Rate per 1,000 of the Population
URBAN DISTRICTS -						
Mansfield (Borough)	17.3	1.02	17.6	11.9	1.01	12.0
Worksop (Borough)	18.4	0.98	18.0	11.2	1.22	13.7
Newark (Borough)	17.9	1.01	18.1	12.6	0.99	12.5
East Retford (Borough)	15.8	0.99	15.6	12.6	0.96	12.1
Arnold	15.5	0.94	14.6	9.5	1.24	11.8
Beeston & Stapleford... ..	17.4	0.94	16.4	9.8	1.28	12.5
Carlton	19.9	1.00	19.9	10.3	1.17	12.1
Eastwood	17.7	0.97	17.2	10.9	1.29	14.1
Hucknall	17.9	1.01	18.1	11.0	1.19	13.1
Kirkby-in-Ashfield	19.9	0.96	19.1	10.7	1.21	12.9
Mansfield Woodhouse	20.0	0.91	18.2	7.9	1.38	10.9
Sutton-in-Ashfield	16.2	1.02	16.5	12.2	1.20	14.7
Warsop	20.2	1.00	20.2	8.2	1.36	11.1
West Bridgford	15.2	0.97	14.7	13.6	0.84	11.4
Aggregate of Urban Districts...	17.7	0.98	17.3	10.9	1.14	12.5
RURAL DISTRICTS -						
Basford	16.7	0.97	16.2	9.5	1.25	11.9
Bingham	19.3	0.86	16.6	9.2	1.11	10.3
Worksop	21.1	0.95	20.0	9.9	1.24	12.2
East Retford	17.4	1.02	17.8	8.7	1.08	9.4
Newark	19.3	0.96	18.5	10.3	1.24	12.7
Southwell	18.3	0.94	17.2	10.3	1.25	12.8
Aggregate of Rural Districts...	18.2	0.94	17.1	9.7	1.20	11.6
Whole County	17.9	0.97	17.3	10.5	1.17	12.3
England and Wales	16.9	-	-	11.9	-	-

Vital Statistics for the Year 1968.

BOROUGHES AND URBAN DISTRICTS

BOROUGHES AND URBAN DISTRICTS	Area in Acres (Land and Inland Water)	Persons per Acre	Separate households at Census 1961	Persons per household at Census 1961	Population Census 1961	Population estimated to the middle of 1968	Live Births			Stillbirths		Maternal Mortality		Deaths under 1 year of age		Deaths			Death Rate from Pulmonary Tuberculosis per 1,000 of population	Death Rate from All Tuberculous Diseases per 1,000 of population
							Number	Rate (Crude)	Rate (Corrected)	Number	Rate per 1,000 Live and Stillbirths	No. of Maternal Deaths	Rate per 1,000 Live and Stillbirths	Number	Rate per 1,000 Live Births	Number	Rate (Crude)	Rate (Corrected)		
MANSFIELD (Borough)	7,009	8.0	17,402	3.06	53,218	55,850	966	17.3	17.6	12	12.3	-	-	21	21.7	664	11.9	12.0	0.02	0.02
WORKSOP (Borough)	17,936	2.0	10,771	3.19	34,311	35,580	655	18.4	18.0	12	18.0	-	-	13	19.8	400	11.2	13.7	0.06	0.06
NEWARK (Borough)	3,364	7.3	7,932	3.11	24,651	24,640	442	17.9	18.1	6	13.4	-	-	14	31.7	311	12.6	12.5	-	-
EAST RETFORD (Borough)	4,657	4.1	5,809	3.06	17,792	18,870	298	15.8	15.6	7	23.0	-	-	1	3.4	238	12.6	12.1	0.05	0.05
ARNOLD	4,506	6.9	8,912	3.01	26,829	31,120	483	15.5	14.6	8	16.3	-	-	4	8.3	296	9.5	11.8	-	-
BEESTON & STAPLEFORD	6,468	9.7	18,543	3.02	55,995	62,960	1,098	17.4	16.4	23	20.5	-	-	14	12.8	614	9.8	12.5	0.02	0.03
CARLTON	4,017	10.5	12,862	3.09	38,815	42,220	841	19.9	19.9	14	16.4	-	-	8	9.5	435	10.3	12.1	-	-
EASTWOOD	1,178	9.7	3,324	3.19	10,607	11,450	203	17.7	17.2	3	14.6	-	-	4	19.7	125	10.9	14.1	-	-
HUCKNALL	4,032	6.5	7,541	3.09	23,269	26,260	471	17.9	18.1	5	10.5	-	-	12	25.5	288	11.0	13.1	-	-
KIRKBY-IN-ASHFIELD	5,830	3.9	6,928	3.13	21,686	22,440	446	19.9	19.1	5	11.1	-	-	8	17.9	239	10.7	12.9	-	-
MANSFIELD WOODHOUSE	4,831	4.9	6,216	3.25	20,197	23,870	477	20.0	18.2	9	18.5	1	2.1	7	14.7	189	7.9	10.9	0.04	0.08
SUTTON-IN-ASHFIELD	10,507	3.9	13,079	3.09	40,441	40,740	659	16.2	16.5	12	17.9	1	1.5	11	16.7	498	12.2	14.7	0.02	0.02
WARSOP	7,171	1.8	3,531	3.29	11,606	13,120	265	20.2	20.2	3	11.2	-	-	6	22.6	107	8.2	11.1	0.08	0.08
WEST BRIDGFORD	3,046	9.3	9,507	2.84	26,973	28,260	429	15.2	14.7	4	9.2	-	-	4	9.3	383	13.6	11.4	-	0.04
TOTALS	84,552	5.2	132,357	3.07	406,390	437,380	7,733	17.7	17.3	123	15.7	2	0.3	127	16.4	4,787	10.9	12.5	0.02	0.03

Vital Statistics for the Year 1968

RURAL DISTRICTS

RURAL DISTRICTS	Area in Acres (Land and Inland Water)	Persons per Acre	Separate households at Census 1961	Persons per household at Census 1961	Population Census 1961	Population estimated to the middle of 1968	Live Births			Stillbirths		Maternal Mortality		Deaths under 1 year of age		Deaths			Death Rate from Pulmonary Tuberculosis per 1,000 of population	Death Rate from All Tuberculous Diseases per 1,000 of population
							Number	Rate (Crude)	Rate (Corrected)	Number	Rate per 1,000 Live and Stillbirths	No. of Maternal Deaths	Rate per 1,000 Live and Stillbirths	Number	Rate per 1,000 Live Births	Number	Rate (Crude)	Rate (Corrected)		
BASFORD	69,825	0.98	19,278	3.12	60,225	68,770	1,147	16.7	16.2	25	21.3	-	-	18	15.7	655	9.5	11.9	-	0.02
BINGHAM	67,583	0.56	7,636	3.29	25,170	38,110	735	19.3	16.6	9	12.1	-	-	13	17.7	352	9.2	10.3	0.03	0.03
WORKSOP	28,515	0.72	5,270	3.39	17,861	20,560	433	21.1	20.0	6	13.7	-	-	7	16.2	203	9.9	12.2	0.05	0.10
EAST RETFORD	111,034	0.21	6,536	3.37	22,013	23,860	416	17.4	17.8	6	14.2	-	-	3	7.2	207	8.7	9.4	-	-
NEWARK	41,550	0.39	4,286	3.17	13,580	16,050	309	19.3	18.5	5	15.9	-	-	2	6.5	165	10.3	12.7	-	0.06
SOUTHWELL	118,587	0.46	14,316	3.20	45,850	54,670	999	18.3	17.2	12	11.9	1	1.0	22	22.0	561	10.3	12.8	-	-
TOTALS	437,094	0.51	57,322	3.22	184,699	222,020	4,039	18.2	17.1	63	15.4	1	0.2	65	16.1	2,143	9.7	11.6	0.01	0.02

INFANT MORTALITY AND STILL-BIRTH RATES, 1964-1968

	Infantile Mortality (All Infants Under One Year)				Neo-Natal Mortality (Infants Under One Month Only)				Early Neo-Natal Mortality (Infants Under One Week Only)				Perinatal Mortality (Stillbirths & Deaths Under One Week)				Stillbirth Rate Per 1,000 Live and Stillbirths			
	1964	1965	1966	1967	1968	1964	1965	1966	1967	1968	1964	1965	1966	1967	1968	1964	1965	1966	1967	1968
England and Wales ...	20.0	19.0	18.9	18.3	18.3	13.8	13.0	12.9	12.5	12.4	12.1	11.4	11.1	10.8	10.5	28.2	26.9	26.3	25.4	24.7
Whole County ...	19.8	18.2	18.2	15.7	16.3	13.7	13.1	11.7	11.3	10.2	11.5	11.0	10.2	9.9	8.8	27.6	26.8	25.7	25.5	24.2
Aggregate of Urban Districts	20.0	16.9	18.8	14.3	16.4	14.4	11.8	12.0	10.4	9.6	12.0	10.0	10.6	8.7	8.0	26.8	26.1	27.1	25.1	23.5
Aggregate of Rural Districts	19.4	20.6	16.9	18.6	16.1	12.3	15.8	11.0	13.1	11.4	10.5	13.0	9.5	12.1	10.2	29.4	28.3	23.0	26.4	25.4
Mansfield M.B. ...	28.5	11.4	20.6	14.1	21.7	18.3	7.6	11.9	9.1	13.5	13.5	4.7	9.7	7.1	9.3	31.2	18.7	33.8	28.7	21.5
Worksop M.B. ...	23.1	13.1	29.0	11.1	19.8	15.9	9.9	18.3	6.4	6.1	13.0	9.9	16.8	4.8	1.5	21.5	27.4	38.7	7.9	19.5
Newark M.B. ...	21.9	22.8	22.2	12.9	31.7	15.3	12.7	14.8	6.4	18.0	13.1	5.1	12.3	6.4	15.8	25.9	12.6	26.7	29.3	29.0
East Retford M.B. ...	23.3	11.8	6.7	20.1	3.4	20.3	8.9	3.3	13.4	3.4	17.4	5.9	3.3	13.4	3.4	42.5	8.8	19.7	23.3	26.2
Arnold U.D. ...	10.9	17.2	11.2	14.4	8.3	9.1	13.4	9.3	12.4	8.3	9.1	13.4	9.3	8.2	8.3	13.1	33.8	22.1	36.1	24.4
Beeston & Stapleford U.D.	14.0	13.5	19.9	12.7	12.8	12.1	9.0	11.7	7.3	5.5	11.3	6.3	11.7	6.4	4.6	21.2	20.3	27.6	23.2	25.0
Carlton U.D. ...	22.4	19.9	17.9	11.3	9.5	14.5	14.6	11.5	10.0	4.8	13.2	11.3	10.2	7.5	4.8	26.0	22.4	20.3	25.8	21.1
Eastwood U.D. ...	4.5	12.6	-	9.2	19.7	4.5	12.6	-	9.2	9.9	4.5	12.6	-	4.6	9.9	17.9	28.8	20.6	22.6	24.3
Hucknall U.D. ...	22.8	27.7	19.8	9.3	25.5	18.7	17.8	11.0	7.5	19.1	12.4	13.9	11.0	7.5	17.0	28.6	27.4	28.1	14.8	27.3
Kirkby-in-Ashfield U.D.	23.7	19.6	16.9	13.3	17.9	15.1	9.8	12.0	10.7	15.7	8.6	9.8	12.0	8.0	13.5	21.3	31.1	30.7	23.6	24.4
Mansfield Woodhouse U.D.	24.5	16.9	23.1	25.9	14.7	18.2	12.7	14.7	19.4	6.3	16.4	10.6	10.5	19.4	6.3	34.0	35.1	26.8	25.7	24.7
Sutton-in-Ashfield U.D.	14.3	20.2	22.1	13.0	16.7	11.4	13.0	17.6	10.1	10.6	10.0	13.0	13.2	8.7	10.6	28.0	39.3	33.1	28.3	28.3
Warsop U.D. ...	32.0	11.9	25.5	36.6	22.6	18.3	11.9	10.9	33.0	15.1	18.3	11.9	7.3	25.6	11.3	57.0	34.7	10.9	39.7	22.4
West Bridgford U.D. ...	9.8	22.3	9.6	10.2	9.3	7.9	17.9	7.2	7.7	4.7	7.9	17.9	7.2	7.7	4.7	21.3	35.1	16.7	30.0	13.9
Basford R.D.	16.1	25.8	11.5	22.5	15.7	8.5	16.4	7.9	15.0	10.5	7.6	13.8	6.2	15.0	7.8	23.3	28.8	18.3	28.0	29.0
Bingham R.D.	10.3	12.5	17.1	17.0	17.7	7.3	11.1	11.8	13.1	10.9	5.9	9.7	11.9	13.1	10.9	18.8	20.6	29.7	19.5	22.8
Worksop R.D.	37.6	34.3	19.4	9.7	16.2	26.9	31.7	8.3	7.3	11.5	24.2	29.0	8.3	7.3	11.5	42.2	54.0	24.6	33.0	25.1
East Retford R.D.	22.6	14.9	7.5	20.5	7.2	19.8	12.4	7.5	12.8	4.8	16.9	9.9	2.5	7.7	4.8	33.3	24.5	10.0	20.2	19.0
Newark R.D.	6.3	25.2	20.1	15.9	6.5	-	22.1	13.4	15.9	6.5	-	18.9	13.4	12.7	6.5	36.4	31.2	29.7	31.2	22.3
Southwell R.D. ...	26.7	15.9	25.2	18.8	22.0	16.7	11.7	15.8	12.6	17.0	13.3	7.4	13.7	11.5	15.0	35.9	24.0	25.1	27.8	26.7

Abstract of Vital Statistics

Year	Estimated Population at the middle of the year	Excess of Births over Deaths	Persons per Acre	Separate Families	Persons per Household	Registered Births	Births per 1,000 of the population	Deaths under 1 year per 1,000 Births	Net Deaths	Net Death Rate per 1,000 of the population
1919	366,331	2,948	.70	...	...	7,507	19.6	95	4,559	12.4
1920	380,928	5,667	.73	...	...	9,836	25.8	85	4,169	10.9
1921	381,969	4,774	.73	85,646	4.4	9,187	24.1	86	4,413	11.5
1922	386,130	4,177	.74	...	...	8,316	21.5	69	4,139	10.7
1923	388,019	3,763	.74	...	...	8,023	20.6	77	4,260	11.0
1924	391,700	3,715	.75	...	...	8,085	20.6	79	4,370	11.2
1925	393,400	3,373	.75	...	...	7,921	20.1	77	4,548	11.6
1926	398,900	3,310	.75	...	...	7,739	19.4	73	4,429	11.1
1927	408,100	2,984	.78	...	...	7,613	18.6	69	4,629	11.3
1928	422,700	3,549	.81	...	...	7,941	18.8	64	4,392	10.4
1929	429,300	2,242	.82	...	...	7,517	17.5	76	5,095	11.8
1930	439,400	3,261	.84	...	...	7,746	17.6	62	4,485	10.2
1931	447,900	2,617	.86	*109,674	3.9	7,695	17.2	72	5,078	11.3
1932	451,600	2,821	.86	...	...	7,534	16.7	66	4,713	10.4
1933	444,970	2,036	.86	...	...	6,945	15.5	68	4,909	10.9
1934	448,500	2,395	.87	...	...	7,042	15.7	54	4,647	10.4
1935	453,500	2,382	.86	...	...	7,083	15.6	56	4,701	10.4
1936	459,000	2,005	.88	...	...	7,033	15.3	58	5,028	10.9
1937	465,800	2,218	.89	...	...	7,318	15.7	59	5,100	10.9
1938	470,900	2,796	.90	...	...	7,549	16.0	46	4,753	10.1
1939	{ 478,200a 479,900b	2,511	.91	...	...	7,847	16.4	51	5,336	11.1
1940	483,240	1,735	.92	...	...	7,610	15.7	58	5,875	12.2
1941	492,750	2,501	.94	...	...	7,954	16.1	62	5,453	11.1
1942	481,200	3,755	.92	...	...	8,659	18.0	48	4,904	10.2
1943	472,300	3,946	.90	...	...	9,255	20.2	47	5,309	11.2
1944	474,960	5,125	.91	...	...	10,343	21.8	47	5,218	11.0
1945	475,910	4,068	.91	...	...	9,096	19.1	44	5,028	10.5
1946	495,620	4,693	.95	...	...	10,001	20.2	41	5,308	10.7
1947	505,690	5,114	.97	...	...	10,673	21.2	41	5,559	11.0
1948	518,300	4,483	.99	...	...	9,486	18.3	42	5,003	9.6
1949	523,160	3,562	.99	...	...	9,098	17.4	32	5,536	10.6
1950	533,870	3,114	1.01	...	...	8,683	16.3	34	5,571	10.4
1951	535,800	2,547	1.02	156,581	3.4	8,551	15.9	29.4	6,004	11.2
1952	{ 535,410† 534,400♢	3,244	1.02	...	...	8,515	15.9	29.3	5,271	9.8
1953	541,400	3,168	1.04	...	...	8,625	15.9	29.3	5,457	10.1
1954	545,900	3,115	1.05	...	...	8,601	15.7	28.1	5,486	10.0
1955	550,600	3,140	1.05	...	...	8,718	15.8	27.2	5,578	10.1
1956	554,800	3,171	1.06	...	...	8,906	16.0	24.6	5,735	10.3
1957	563,300	3,878	1.08	...	...	9,372	16.6	23.8	5,494	9.8
1958	569,800	3,703	1.09	...	...	9,685	17.0	20.8	5,982	10.5
1959	575,400	4,082	1.10	...	...	9,964	17.3	21.0	5,882	10.2
1960	583,730	4,362	1.12	...	...	10,295	17.6	23.0	5,933	10.2
1961	593,270	4,328	1.14	189,679	3.1	10,600	17.9	17.7	6,272	10.6
1962	602,160	4,770	1.15	...	...	11,296	18.8	22.0	6,526	10.8
1963	610,970	5,116	1.17	...	...	11,515	18.8	20.1	6,399	10.5
1964	623,190	5,532	1.19	...	...	11,866	19.0	19.8	6,334	10.2
1965	634,320	5,419	1.22	...	...	11,732	18.5	18.2	6,313	10.0
1966	644,000	5,052	1.23	...	...	11,565	18.0	18.2	6,513	10.1
1967	652,710	5,525	1.25	...	...	11,750	18.0	15.7	6,225	9.5
1968	659,400	4,842	1.26	...	...	11,772	17.9	16.3	6,930	10.5

* Adjusted figures owing to alteration in area under the Nottingham Corporation Act, 1932, as from the 1st April, 1933.

a Population figures for calculation of Birth Rates.

b Population figures for calculation of Death Rates and incidence of notifiable diseases.

† Special constructed figure supplied by Registrar-General in consequence of change of boundaries.

♢ Actual mid-year population.

[illegible]

CHILD HEALTH, ANTE AND POST NATAL CLINICS

Location	Child Health		Ante and Post Natal	
	Sessions per four weeks	Average attendance per session	Sessions per four weeks	Average attendance per session
East Retford M.B.				
/Chancery Lane 	8	43	-	-
/Ordsall... 	4	21	-	-
Mansfield M.B.				
/St. John Street ...	8	29	-	-
/Abbott Road 	8	19	-	-
/Hermitage Avenue ...	8	26	-	-
Pleasley 	4	17	-	-
St. Lawrence 	4	33	-	-
Newark M.B.				
The Friary 	8	32	4	M8
/Hawtonville 	8	37	4	*5
Worksop M.B.				
Carlton Road 	8	24	-	-
Kilton 	2	6	-	-
/Manton 	4	22	-	-
Shireoaks 	2	18	-	-
Arnold U.D.				
Arnot Hill 	12	36	-	-
Killisick 	4	52	-	-
Plains Road 	8	40	-	-
Beeston & Stapleford U.D.				
Attenborough 	2	60	-	-
/Dovecote Lane 	8	44	4	7
Bramcote 	4	20	-	-
/Inham Nook 	8	31	-	-
/Stapleford 	8	42	2	7
Toton 	4	47	-	-

/ purpose-built Clinics

* General practitioner's Clinic

M Midwives' Clinic

Location	Child Health		Ante and Post Natal	
	Sessions per four weeks	Average attendance per session	Sessions per four weeks	Average attendance per session
Carlton U.D.				
Park House	12	31	4	9
- do -	-	-	4	M 28
/Parkdale	4	25	-	-
Porchester	8	36	2	7
Standhill Road	4	44	-	-
Valley Road	2	36	-	-
Eastwood U.D.				
/Pottingham Road	8	47	2	3
Hucknall U.D.				
/Watnall Road	8	36	4	28
Fire Station	4	22	-	-
Kirkby-in-Ashfield U.D.				
/Urban Road	8	28	-	-
Mansfield Woodhouse U.D.				
Park Road	8	35	-	-
/Forest Town	4	29	-	-
Sutton-in-Ashfield U.D.				
/New Street	8	41	4	7
/Huthwaite	4	62	-	-
Skegby	2	38	-	-
Stanton Hill	4	20	-	-
Warsop U.D.				
Town Hall	8	31	4	M 16
Warsop Vale	2	16	-	-
Welbeck C.V.	2	38	-	-
West Bridgford U.D.				
Millicent Road	4	25	-	-
Alford Road	4	26	2	8
All Hallows	4	29	-	-
Boundary Road	4	22	-	-
Melton Road	4	29	4	27

/ purpose-built Clinics
M Midwives' Clinics

				Child Health		Ante and Post Natal	
Location				Sessions per four weeks	Average attendance per session	Sessions per four weeks	Average attendance per session
Basford R.D.							
Awsorth	...	...		2	44	-	-
Bestwood	...	...		2	23	-	-
Brinsley	...	...		4	30	-	-
Bunny	...	...		2	10	-	-
Burton Joyce		...		4	27	-	-
✓Calverton	...	...		8	40	-	-
✓East Leake	...	...		4	30	2	5
Gotham	...	...		2	16	-	-
Jacksdale	...	...		4	32	-	-
Kimberley	...	...		4	47	4	21
Lambley	...	...		2	14	-	-
Newstead	...	...		4	22	-	-
Nuthall	...	...		4	35	-	-
Papplewick	...	...		2	23	-	-
Ruddington	...	...		4	36	4	* 19
Selston	...	...		4	38	2	8
Sutton Bonington		...		2	15	-	-
Trowell	...	...		4	27	-	-
Willoughby	...	...		2	6	-	-
Woodborough	...	...		2	14	-	-
Bingham R.D.							
Bingham	...	...		4	53	2	23
Cotgrave	...	...		2	50	-	-
Cropwell Bishop		...		2	21	-	-
East Bridgford		...		2	38	-	-
Hickling	...	...		2	10	-	-
Keyworth	...	...		8	40	-	-
Kinoulton	...	...		1	10	-	-
Langar	...	...		2	19	-	-
Newton	...	...		2	31	-	-
Radcliffe-on-Trent		...		4	40	-	-
Tollerton	...	...		2	23	-	-

✓ Purpose-built Clinics
* General Practitioner's Clinic

Location	Child Health		Ante and Post Natal	
	Sessions per four weeks	Average Attendance per session	Sessions per four weeks	Average Attendance per session
East Retford R.D.				
Dunham-on-Trent	2	21	-	-
Elkesley	2	15	-	-
Gringley-on-the Hill ...	2	20	-	-
Mattersey	2	20	-	-
Misterton	4	30	-	-
Ranskill	2	17	-	-
South Leverton	2	37	-	-
Tuxford	4	26	-	-
Woodbeck	2	25	-	-
Newark R.D.				
✕Balderton	8	29	-	-
Coddington	2	34	-	-
Collingham	2	39	-	-
Farndon	2	30	-	-
Orston	1	15	-	-
Syerston	2	20	-	-
Southwell R.D.				
Bilsthorpe	4	35	-	-
Blidworth	4	33	-	-
✕Clipstone	4	19	-	-
Edwinstowe	4	25	-	-
Farnsfield	2	24	-	-
Lowdham	4	23	-	-
North Muskham	2	18	-	-
✕Ollerton	6	27	-	-
Rainworth	8	25	-	-
Ravenshead	2	69	-	-
Southwell	4	41	-	-
Sutton-on-Trent	2	20	-	-
Worksop R.D.				
Blyth	2	22	-	-
✕Carlton-in-Lindrick ...	4	43	-	-
Harworth	8	30	4	16
Langold	2	27	-	-
Welbeck	2	38	-	-

WELFARE FOODS SERVICE - ISSUES

Quarter ended	National Dried Milk packets	Cod Liver Oil bottles	A & D Tablets packets	Orange Juice bottles
30th March, 1968	8,751	3,068	3,198	40,045
29th June, 1968	8,536	2,034	2,532	43,693
28th September, 1968	8,304	2,046	2,765	41,459
28th December, 1968	7,836	3,068	3,221	40,636
Total for 1968	33,427	10,216	11,716	165,833
Comparisons -				
1967	32,193	10,539	12,293	169,875
1966	39,498	11,227	13,367	162,123
1965	45,099	11,900	14,703	150,107

ANTE-NATAL AND POST-NATAL CLINICS

Year	ANTE-NATAL			POST-NATAL			No. of cases referred to Consultants	No. of cases referred for X-ray examination
	First Attendances	Total Attendances	Medical Consultations	First Attendances	Total Attendances	Medical Consultations		
1964	2,382	9,929	9,032	404	479	479	194	10
1965	2,525	9,806	8,083	391	457	455	123	8
1966	2,319	8,819	7,218	303	396	389	105	3
1967	2,610	9,812	7,455	379	480	485	98	2
1968	3,002	10,662	6,866	380	564	512	71	2

ROUTINE CHEST X-RAY EXAMINATIONS OF EXPECTANT MOTHERS

(Cases referred to Radiography Unit, Postern Street, Nottingham).

Year	No. of expectant mothers referred for chest X-ray examination
1964	532
1965	398
1966	276
1967	175
1968	153

RELAXATION INSTRUCTION FOR EXPECTANT MOTHERS

Year	No. of Clinics at which Courses provided	No. of expectant mothers attended	Total Attendances
1964	34	2,668	15,049
1965	34	2,573	14,817
1966	31	2,808	16,363
1967	34	2,658	15,080
1968	37	2,797	15,557

MATERNITY HOSPITAL ACCOMMODATION

Year	SOCIOLOGICAL CASES						No. of cases referred to Hospitals on account of abnormalities ascertained at A.N.C.'s.
	APPLICATIONS RECEIVED			No. of Cases referred to Hospital	Applications withdrawn	Applications not supported	
	From A.N.C.'s						
	From G.P.'s	Total					
1964	1,358	186	1,544	1,298	168	69	203
1965	1,431	175	1,606	1,410	157	99	125
1966	1,435	154	1,589	1,341	146	102	107
1967	1,460	134	1,594	1,360	141	93	100
1968	1,551	122	1,673	1,474	134	65	73

CHILD HEALTH CLINICS

Year	No. of Clinics in Operation	No. of Sessions per month	First attendances during year			Total Attendances	Medical Consultations
			Under 1 year	Aged 1-2	Aged 2-5		
1964	99	457	8,647	7,637	10,826	185,754	46,075
1965	101	463	8,804	8,745	11,233	188,445	38,557
1966	101	455	8,874	8,605	11,444	177,799	31,871
1967	104	485	9,634	7,594	10,713	184,150	29,087
1968	108	485	9,511	7,737	10,978	183,882	33,691

CHILDREN WITH CONGENITAL ABNORMALITIES NOTIFIED AT BIRTH

	1964	1965	1966	1967	1968
	Monthly Total	Monthly Total	Monthly Total	Monthly Total	Monthly Total
January	24	19	13	13	12
February	22	24	27	21	19
March	24	19	16	10	19
April	14	18	21	13	10
May	13	16	12	20	19
June	20	14	28	18	20
July	18	22	12	14	14
August	22	16	14	16	21
September	17	18	8	11	14
October	23	20	19	18	19
November	18	12	12	19	10
December	19	16	17	14	8
TOTAL	234	214	199	187	185
Total live and stillbirths	12,062	11,923	11,749	11,939	11,958
Incidence per 1,000 Total Births	19.4	17.9	16.9	15.7	15.5
National Incidence	20.04	18.91	Not available	Not available	Not available

PAEDIATRIC SERVICE

Year	No. of Pre-school Children referred by A.C.M.O.'s to Paediatric Clinics						TOTAL	
	MANSFIELD (Dr. J. S. Fitzsimmons)		NOTTINGHAM (Dr. A. C. Blandy)		WORKSOP (Dr. A. F. Conchie)			
	New Cases	Total Attendances	New Cases	Total Attendances	New Cases	Total Attendances	New Cases	Total Attendances
1964	15	48	33	95	12	27	60	170
1965	11	46	30	111	5	23	46	180
1966	7	31	23	101	9	21	39	153
1967	3	11	21	109	4	16	28	136
1968	4	8	25	111	3	10	32	129

The Consultant Paediatricians attend these Clinics by arrangement with the Sheffield Regional Hospital Board.

OPHTHALMIC CLINICS

Year	No. of Ophthalmic Clinics	No. of pre-School Children referred by A.C.M.O.'s.	No. of cases in which spectacles prescribed
1964	15	1,074	145
1965	15	1,076	192
1966	15	975	254
1967	15	1,141	124
1968	13	1,211	144

ROUTINE HEARING TESTING OF PRE-SCHOOL CHILDREN

Year	Old Cases retested	New Cases referred	Total number of pre-school children examined
1964	31	76	107
1965	23	42	65
1966	35	94	129
1967	54	139	193
1968	69	82	151

DAY NURSERIES

Year	BEESTON				CARLTON				BULL FARM				WEST BRIDGFORD			
	No. of Places	Average daily attendance			No. of Places	Average daily attendance			No. of Places	Average daily attendance			No. of Places	Average daily attendance		
		under 2 yrs	2-5 years	total		under 2 yrs	2-5 years	total		under 2 yrs	2-5 years	total		under 2 yrs	2-5 years	total
1964	35	11	17	28	25	6	15	21	30	6	16	22	25	6	13	19
1965	35	10	21	31	25	7	17	24	30	6	14	20	25	6	12	18
1966	35	8	24	32	25	6	18	24	30	8	13	21	25	5	13	18
1967	35	9	22	31	25	5	17	22	30	10	14	24	25	5	14	19
1968	35	10	20	30	25	6	16	22	30	9	17	26	25	6	10	16

The number of places at each Nursery is based on the approved staffing establishment.

SCHEME FOR REGISTERED DAILY GUARDIANS

Year	Guardians on register at beginning of year	New Guardians approved	Guardians discontinued	Guardians on register at end of year
1964	10	4	3	11
1965	11	2	9	4
1966	4	3	4	3
1967	3	4	5	2
1968	2	1	2	1

DAILY MINDER SERVICE

Year	On register at beginning of year			Approved in year			Discontinued in year			On register at end of year		
	Minders	Max. No. of children to be received	No. of children for whom financial assistance given	Minders	Max. No. of children to be received	No. of children for whom financial assistance given	Minders	Max. No. of children to be received	No. of children for whom financial assistance given	Minders	Max. No. of children to be received	No. of children for whom financial assistance given
1965	15	21	5	12	19	4	15	21	9	12	19	-
1966	12	19	-	4	5	3	-	-	-	16	24	3
1967	16	24	3	7	10	-	-	-	-	23	34	3
1968	23	34	3	7	10	4	-	-	3	30	44	4

DENTAL TREATMENT

Treatment carried out on behalf of Expectant and Nursing Mothers and Children under school age.

	Scaling and gum treatment (1)	Fillings (2)	Silver nitrate treatment (3)	Crowns and inlays (4)	Extractions (5)	General anaesthetics (6)	Dentures provided		Radio- graphs (9)
							Full upper or lower (7)	Partial upper or lower (8)	
1. Expectant and nursing mothers ...	121	501	NIL	NIL	688	41	60		25
2. Children aged under 5 years and not eligible for school dental service ...	44	888	150	NIL	1,248	405	NIL	NIL	3

MIDWIVES

Year	No. of Midwives who notified intention to practise	No. of midwives practising at end of year						No. of Midwives attending refresher courses		
		County Midwives		District Nurse Midwives	Hospital Midwives	Midwives in private practice	Total	County Midwives	District Nurse Midwives	Total
		F/T	P/T							
1964	212	66	18	60	48	2	194	15	9	24
1965	217	68	16	61	52	2	199	9	13	22
1966	225	69	13	59	52	1	194	15	15	30
1967	220	69	13	62	54	1	199	12	10	22
1968	215	65	14	59	51	2	191	18	9	27

F/T Full-time P/T Part-time

VISITS BY COUNTY MIDWIVES AND DISTRICT NURSE/MIDWIVES

Year	Ante-Natal						Delivery				Lying-in		Total			
	Home		Clinic		C.M.		D.N.M.		C.M.		D.N.M.		C.M.		D.N.M.	
	C.M.	D.N.M.	C.M.	D.N.M.												
1964	46,740	11,991	1,320	921	4,129	1,305	76,566	30,768	128,755	44,985						
1965	45,271	10,996	1,471	1,106	3,721	1,276	75,527	31,127	125,990	44,505						
1966	43,263	10,320	1,995	1,093	3,479	1,177	72,944	29,200	121,681	41,790						
1967	38,992	12,211	2,224	1,105	3,492	1,085	76,207	26,169	120,915	40,570						
1968	33,344	12,190	2,547	1,165	3,040	1,035	74,707	25,632	113,638	40,022						

CM - County Midwives.

DNM - District Nurses/Midwives

DELIVERIES ATTENDED BY MIDWIVES

Year	Domiciliary Cases												Cases in Nottinghamshire Institutions		Cases delivered in hospital care of Midwives before 10th day
	Doctor not booked						Doctor booked						Hospitals	Private Nursing Homes	
	Doctor present			Doctor not present			Doctor present			Doctor not present					
	C.M.	D.N.M.	P.P.M.	C.M.	D.N.M.	P.P.M.	C.M.	D.N.M.	P.P.M.	C.M.	D.N.M.	P.P.M.			
	C.M.	D.N.M.	P.P.M.	C.M.	D.N.M.	P.P.M.	C.M.	D.N.M.	P.P.M.	C.M.	D.N.M.	P.P.M.			
1964	6	1	-	105	96	-	882	272	5	3,136	936	-	3,494	-	3,025
1965	21	1	-	98	83	-	747	257	3	2,855	935	-	3,597	-	3,987
1966	3	4	-	87	64	-	606	221	-	2,783	888	1	3,784	-	4,103
1967	2	2	-	83	58	-	560	190	1	2,847	835	1	3,820	-	4,853
1968	1	4	-	43	71	-	538	207	-	2,458	753	2	3,542	-	5,504

C.M. - County Midwives

D.N.M. - District Nurses/Midwives.

P.P.M. - Privately Practising Midwives

HEALTH VISITING

Year	First visits to children under 1 year	Revisits to children Under 1 year	Visits to children aged 1-2 years	Visits to children aged 2-5 years	Visits to Expectant Mothers	Visits to Post-Natal Mothers	General Health Visiting	Unsuccessful Visits	TOTAL
1964	12,360	30,625	43,595	81,269	8,560	11,535	14,571	27,049	229,564
1965	12,153	30,163	44,823	83,061	7,819	11,645	15,723	26,918	232,305
1966	11,909	27,542	38,447	71,228	6,939	10,608	17,196	25,112	208,981
1967	12,107	25,118	38,160	71,364	7,135	10,846	17,532	25,138	207,400
1968	12,423	26,135	39,973	73,230	6,862	11,400	16,288	26,288	212,599

This table does not include visits by Health Visitors to Tuberculous cases.

HOME NURSING

Year	No. of Cases attended	No. of visits	Average No. of visits per case
1964	9,557	256,763	27
1965	9,446	252,629	27
1966	9,195	245,036	27
1967	9,205	260,088	28
1968	9,277	261,186	28

VACCINATION AND IMMUNISATION

Type of Prophylaxis	Year	No. who completed a Primary Course				No. (all Groups) given a Reinforcement Dose
		Under 1 year	1 year	2-15 years	Total under 16 years	
Diphtheria ...	1965	3,299	5,782	1,872	10,953	14,131
	1966	3,067	5,587	1,724	10,378	14,875
	1967	4,107	5,825	2,558	12,490	17,437
	1968	3,966	6,039	1,263	11,268	16,406
Whooping Cough	1965	3,295	5,766	1,630	10,691	8,560
	1966	3,061	5,566	1,391	10,018	8,924
	1967	4,088	5,790	1,904	11,782	9,238
	1968	3,952	6,007	805	10,764	9,025
Tetanus ...	1965	3,296	5,776	2,101	11,173	10,143
	1966	3,063	5,577	1,867	10,507	12,172
	1967	4,103	5,813	2,768	12,684	16,762
	1968	3,960	6,044	1,794	11,798	16,890
Polio myelitis	1965	1,663	7,054	2,829	11,546	9,234
	1966	2,183	6,861	2,557	11,601	8,760
	1967	3,172	6,692	2,556	12,420	11,189
	1968	3,145	6,592	1,565	11,302	10,989
*Smallpox ...	1965	1,177	4,549	899	6,625	149
	1966	1,022	5,037	1,733	7,772	2,777
	1967	942	5,289	1,247	7,478	3,338
	1968	429	5,617	1,529	7,575	2,386
Measles ...	1967	5	47	43	95	-
	1968	114	1,634	9,423	11,171	-

/ Classified according to year of birth

* Classified according to age at date of vaccination

AMBULANCE SERVICE

Patients carried and Mileages in year

Station	Patients Carried	Total Mileage
Nottingham Group:		
Arnold*	14,096	64,949
Beeston	25,080	131,335
Carlton	25,917	118,204
Eastwood*	13,544	85,281
Hucknall	21,261	109,583
West Bridgford	25,345	171,635
Mansfield	50,873	277,275
Sutton-in-Ashfield*	23,709	91,317
Newark	19,607	143,203
Retford	18,250	152,122
Worksop	24,972	149,622
Totals	262,654	1,494,526
Totals for 1967	247,697	1,418,463

The three Stations indicated by an asterisk operate on a 16 hour basis and all other Stations on a 24 hour basis.

Categories of Patients carried

Year	Accident	Emergency	Treatment	Other	Total
1963	5,605	8,171	190,079	1,503	205,358
1964	6,501	8,952	195,044	1,851	212,348
1965	6,592	9,220	206,134	2,436	224,382
1966	6,660	9,381	212,774	2,175	230,990
1967	7,289	9,587	223,750	7,071	247,697
1968	6,986	10,546	233,433	11,689	262,654

Vehicles (by categories) and mileage

Year	AMBULANCES		DUAL-PURPOSE VEHICLES		TOTAL MILEAGE
	No.	Mileage	No.	Mileage	
1963	34	586,996	30	724,527	1,311,523
1964	34	607,354	31	746,705	1,354,059
1965	34	627,935	32	733,642	1,361,577
1966	34	611,686	32	768,226	1,379,912
1967	35	662,163	32	756,300	1,418,463
1968	37	708,069	33	786,457	1,494,526

Allocation of Patients to Vehicles

Year	Stretcher		Sitting				Totals	
	Ambu-lances	Dual-purpose vehicles	Ambulances		Dual-purpose vehicles		Ambu-lances	Dual-purpose vehicles
1963	25,255	2,982	70,014		107,107		95,269	110,089
1964	26,100	2,430	73,091		110,727		99,191	113,157
1965	25,899	2,603	78,719		117,161		104,618	119,764
			Assisted*		Walking*			
			Amb.	Dual-purpose vehicles	Amb.	Dual-purpose vehicles		
1966	25,102	2,437	17,223	9,725	61,109	115,394	103,434	127,556
1967	25,232	2,433	20,903	10,497	70,066	118,566	116,201	131,496
1968	24,866	2,048	23,448	10,884	77,878	123,530	126,192	136,462

* Previously referred to as Sitting cases.

Vehicle Establishment at year end

Year of first registration	AMBULANCES	DUAL-PURPOSE VEHICLES	
	Bedford 28 h.p.	Bedford 16 h.p.	Bedford 28 h.p.
1959	-	-	2
1960	-	-	-
1961	-	-	-
1962	10	4	1
1963	-	9	-
1964	5	1	1
1965	2	8	-
1966	-	-	-
1967	1	5	-
1968	9	-	1
	27	27	5

Staff

Designation	Establishment	Number Employed at 31/12/68
County Ambulance Officer	1	1
Station Superintendents	4	4
Station Officers	7	7
Shift Leaders	38	38
Driver/Attendants	160	158
Clerical	3	3
Control Assistants	14	14
	227	225

Hospital Car Service

(The figures in brackets are in respect of 1967).

Number of Drivers enrolled	108	(119)
Number of Patients carried	8,618	(7,052)
Number of miles	219,653	(159,856)
Average number of miles per patient	25.48	(22.0)
Cost of mileage	£7,660. 0s. 3d.	(£5,072. 16s. 0d)
Cost per patient	17s. 9d.	(14s. 2d)

PREVENTION OF ILLNESS, CARE AND AFTER-CARE

Tuberculosis

Notifications and Clinic Registers

Year	New cases notified			Pulmonary incidence rate per 1,000 pop'n	Cases on Chest Clinic registers at 31st December*		
	Pul.	Non-pul.	Total		Pul.	Non-pul.	Total
1964	141 (6)	22	163 (6)	0.23	2,437	331	2,768
1965	126 (4)	27 (2)	153 (6)	0.20	2,374	278	2,652
1966	90 (2)	24 (2)	114 (4)	0.14	2,003	170	2,173
1967	117 (5)	25	142 (5)	0.18	1,894	155	2,049
1968	117 (4)	37 (2)	154 (6)	0.18	1,759	145	1,904

* Not including County cases attending Out-County Chest Clinics.
() Cases not notified before death included in totals.

Contact Examinations and B.C.G. Vaccination

Year	Contacts seen at Chest Clinics			Protection of School children and Students			
	New contacts examined	No. found tuber- culous	No. Vaccinated with B.C.G	No. skin tested	No. found positive	No. found negative	No. Vaccinated with B.C.G
1964	1,300	30	582	7,454	959	6,176	6,130
1965	1,415	16	641	7,378	1,200	5,876	5,519
1966	1,266	9	649	6,634	875	5,350	5,347
1967	1,147	24	539	9,267	1,255	7,530	7,492
1968	1,325	22	607	6,769	625	5,876	5,858

Other Preventive, Care and After-Care Work

Year	Work of the Notts. Care Association for Tuberculosis and Chest Diseases		Protection of Children against Tuberculosis		Follow-up of long-stay Immigrants	
	New cases referred	Cases considered for assistance	Staff candidates X-rayed	Staff X-rayed	Arrivals advised	Success- fully visited
1964	48	323	937	145	-	-
1965	38	295	1,155	124	74	65
1966	39	251	880	116	66	49
1967	26	213	936	161	103	77
1968	28	163	1,017	14	96	66

Sherwood Village Settlement

Year	Trainees & Settlers at 1st January			Admitted in Year	Left in year				Trainees & Settlers at 31st December		
	Notts.	Other Areas	Total		Recov- ered	Died	For other reasons	Total	Notts.	Other Areas	Total
1964	18	19	37	7	6	-	1	7	19	18	37
1965	19	18	37	10 (6)	1	2	7	10	22	15	37(6)
1966	22	15	37 (6)	4 (1)	2	1	5	8(4)	18	15	33(3)
1967	18	15	33 (3)	8 (6)	1	2	3	6(2)	20	15	35(7)
1968	20	15	35 (7)	5 (4)	-	2	6	8(2)	20	12*	32(9)

() Mentally ill cases included in total

* One case married and moved to Nottinghamshire in the year.

OTHER ILLNESSES

Loan of larger items of home nursing equipment (i.e. excluding smaller articles issued from District Nurses' "loan cupboards")

Year	Cases assisted and referred				Articles loaned							Articles on charge at 31st December
	by G.P.'s	by Hosps.	by D.N.'s and others	Total	Beds and Cots	Mat-tresses	Com-modes	Walk-ing Aids	Wheel Chairs	Others	Total	
1964	708	137	507	1,352	120	172	525	217	387	942	2,363	2,648
1965	692	137	542	1,371	114	153	504	229	429	792	2,221	3,027
1966	851	135	571	1,557	106	142	500	276	473	845	2,342	3,304
1967	946	144	511	1,601	128	160	523	316	477	871	2,475	3,639
1968	878	121	477	1,476	102	125	527	363	520	834	2,471	3,856

Convalescence

Year	Patients admitted to Convalescent Homes in the year					
	Men		Women		Children under 5 years	Total
	Under 65 years	65 years and over	Under 65 years	65 years and over		
1964	11	9	29	27	1	77
1965	8	12	23	24	1	68
1966	7	8	18	28	2	63
1967	15	11	34	21	-	81
1968	12	16	27	27	-	82

Chiropody Services

Year	Treatments given in the year					Patients registered for treatment at 31st December	
	at Sessions or Surgeries		by home visits		Total		
	The Elderly	Physically Handicapped	The Elderly	Physically Handicapped		The Elderly	Physically Handicapped
1964	48,318	158	14,353	147	62,976	11,023	52
1965	51,035	209	16,954	175	68,373	11,891	50
1966	50,556	183	18,497	237	69,473	12,081	109
1967	53,182	183	19,442	295	73,102	12,334	132
1968	52,583	260	16,933	363	70,139	12,933	244

Co-operation with Hospital Services

Year	Cases specially followed-up at request of Hospitals Social Workers	Work of Geriatric Nurses* (attached to Consultant Geriatricians)		Work of Nurses employed(†) and attached to Hospital Diabetic Clinics	
		New cases referred	Home visits undertaken	New cases referred	Home visits undertaken
1964	73	693	1,642	-	-
1965	44	941	2,249	198	313
1966	39	1,162	2,494	319	691
1967	70	998	2,361	326	825
1968	89	1,064	2,146	259	805

* First whole-time Nurse employed in 1961; second September 1963; third (part-time) June 1965.

† Two whole-time Nurses employed since 1965.

Venereal Diseases

Treatment of County Cases at all Centres

Year	No. of cases dealt with for the first time at Treatment Centres			
	Syphilis	Gonorrhoea	Other Conditions	Total
1964	32	84	726	842
1965	12	169	799	980
1966	26	160	747	933
1967	27	207	851	1,085
1968	14	197	934	1,145

Cervical Cytology

Year	No. of Clinics	Sessions held	Cases seen	Re-attendances	Referred for gynaecological opinion
1964	1	25	435	-	2
1965	9	307	5,941	14	26
1966	12	534	15,974	69	127
1967	13	588	9,413	42	69
1968	16	559	11,098	40	48

HEALTH EDUCATION

Meetings

Year	Addressed by				Audiences addressed				
	Health Education Officers	Others	Films Only	Total	Men	Women	Boys	Girls	Total
1964	316 (211)	63 (3)	43 (27)	422 (241)	826	6,809	163	426	8,224
1965	267 (162)	95 (2)	25 (13)	387 (177)	785	5,727	629	1,170	8,311
1966	493 (350)	69 (1)	-	562 (351)	1,039	5,810	700	1,619	9,168
1967	681 (389)	123 (6)	-	804 (395)	1,183	8,463	4,310	5,769	19,725
1968	700 (370)	130 (19)	-	830 (389)	1,107	8,691	3,865	6,617	20,280

() Relaxation Classes included in totals.

Material used

Year	Films		Leaflets issued	Posters issued	Exhibitions and Displays	
	No. used	Times shewn			No. staged	Subjects covered
1964	31	207	36,510	1,048	13	5
1965	37	238	40,898	1,273	33	9
1966	44	424	59,408	476	16	9
1967	72	667	88,216	707	68	14
1968	58	701	111,076	156	35	12

DOMESTIC HELP SERVICE

Year	Number of cases served						Total hours of service afforded	Home Helps employed at 31st December	
	Under 65 years				Over 65 years	Total		Actual	Whole-time equivalent
	Mater-nity	Ch. Sick and Tb.	Mentally ill	* Others					
1964	580	348	23	334	4,444	5,729	865,682	718	455
1965	571	353	33	326	4,715	5,998	833,452	748	462
1966	461	380	31	377	4,903	6,152	831,045	766	480
1967	446	385	37	376	4,940	6,184	877,218	799	500
1968	321	385	37	341	5,324	6,408	870,011	793	493

* Including family help type cases

NIGHT ATTENDANT AND "GOOD NEIGHBOUR" SERVICES

Year	Night Attendant Service				Cases assisted by "Good Neighbours" in the year
	No. of cases served	Total hours of service afforded	Number enrolled at 31st December		
			Home Helps	Others	
1964	12	1,291	1	4	-
1965	4	219	1	4	1
1966	5	238	1	3	3
1967	3	406	1	4	5
1968	5	155	-	3	7

MENTAL HEALTH SERVICE

Psychiatric Day Centre, Sutton-in-Ashfield
(Opened June, 1966)

Diagnostic Category	Age Groups							Total			No. on Registers at 31st December		
	15-24		25-44		45-64		65 and over						
	M	F	M	F	M	F	M	F	M	F	1968	1967	1966
Schizophrenia	5	1	16	5	4	3	1	-	26	9	35	26	19
Affective Disorders	1	1	2	6	4	4	-	1	7	12	19	8	8
Personality Disorders	1	2	2	4	-	-	-	-	3	6	9	12	4
Organic Psychoses	-	-	-	3	-	3	-	-	-	6	6	7	3
Disorders of the Aged	-	-	-	-	-	-	7	9	7	9	16	14	8
Neurotic Reactions	2	-	2	3	1	3	-	-	5	6	11	7	5
All Others	-	2	-	-	4	1	1	-	5	3	8	9	4
TOTALS	9	6	22	21	13	14	9	10	53	51	104	83	51

MENTAL HEALTH SERVICE

Referrals

Referred by	Mentally ill					Subnormal and Severely Subnormal					Totals					
	Under 16			16 and over		Total			Under 16			16 and over		Total		
	M	F	M	F	Total	M	F	Total	M	F	Total	1968	1967	1966	1965	1964
General Practitioners Hospitals - on discharge from in-patient treatment Hospitals - after or during out-patient or day treatment Local Education Authorities Police and Courts Other Sources	-	1	50	83	134	1	-	1	1	3	137	305	475	518	512	
	-	3	134	199	336	-	-	4	-	4	340	162	198	135	101	
	1	2	147	240	390	2	-	1	1	4	394	263	212	82	115	
	-	-	-	-	-	32	20	15	6	73	73	71	63	82	66	
	-	-	19	10	29	-	-	1	-	1	30	44	58	61	53	
TOTALS	1	3	82	111	197	6	2	6	6	20	217	257	291	403	317	
	2	9	432	643	1,086	41	22	28	14	105	1,191	1,102	1,297	1,281	1,164	

MENTAL HEALTH SERVICE

Persons under Local Health Authority Care

Category	Under 16		16 and over		Totals at				
	Males	Females	Males	Females	31.12.68.	31.12.67.	31.12.66.	31.12.65.	31.12.64.
Mentally ill	-	-	212	244	456	395	529	363	360
Psychopaths	-	-	2	-	2	1	4	6	6
Subnormal	2	2	269	199	472	541	575	635	644
Severely Subnormal	219	154	374	367	1,114	1,073	1,046	1,002	943
TOTALS	221	156	857	810	2,044	2,010	2,154	2,006	1,953

MENTAL HEALTH SERVICE

Hospital Referrals and Admissions

Action Taken	Mental illness			Mental Subnormality			Totals				
	Males	Females	Total	Males	Females	Total	1968	1967	1966	1965	1964
Referred to Psychiatric Out-patient Clinics Informal admissions Admissions under Mental Health Act, 1959:- Section 26 Section 25 Section 29 Sections 60/72	185	257	442	104	56	160	602	565	478	362	335
	97	130	227	1	-	1	228	205	216	292	295
	9	7	16	-	1	1	17	27	26	15	6
	54	81	135	1	2	3	138	163	152	112	69
	39	65	104	-	-	-	104	84	152	207	244
	-	2	2	-	-	-	2	4	1	7	5
TOTALS	384	542	926	106	59	165	1,091	1,048	1,025	995	954

MENTAL HEALTH SERVICE

Training Centres for the Subnormal

Centre	Places	Persons on Registers				Totals				
		Males		Females						
		Under 16	16 and over	Under 16	16 and over	1968	1967	1966	1965	1964
Mansfield	100	53	-	45	1	99	88	55	60	112
Mapperley	150	51	32	30	34	147	145	127	148	147
†Newark	70	33	-	29	-	62	60	57	56	40
+Rainworth	150	-	83	-	48	131	127	116	62	-
Retford	120	38	19	21	28	106	93	88	89	83
*Out-County Centres	-	1	-	2	1	4	3	3	2	2
TOTALS	590	176	134	127	112	549	516	446	417	384

* By arrangement with the responsible Local Health Authorities.

† Opened February, 1964.

‡ Opened June, 1965.

MENTAL HEALTH SERVICE

Hostels

Hostel	Places Provided	In residence at 31.12.68						In residence at 31st December			
		Under 16		Over 16		Total	1967	1966	1965	1964	
		M	F	M	F						
Newark (subnormal children) Rainworth (subnormal adults) Bancroft House, Psychiatric Hostel, Mansfield.	12 30 25	7	5	-	-	12	12	11	11	10	
		-	-	20	10	30	28	12	6	-	
		-	-	4	2	6	-	-	-	-	
TOTALS	67	7	5	24	12	48	40	23	17	10	

Newark Hostel - First resident admitted 22.6.64.

Rainworth Hostel - First resident admitted 30.11.65.

Bancroft House - First resident admitted 28.10.68.

MENTAL HEALTH SERVICE

Short-term Care - Admissions in Year

Category	Males		Females		Totals				
	Under 16	16 and over	Under 16	16 and over	1968	1967	1966	1965	1964
Subnormal	9	16	4	4	33	26	35	28	30
Severely subnormal	105	39	77	62	283	236	248	320	228
TOTALS	114	55	81	66	316	262	283	348	258

NURSERIES AND CHILD MINDERS REGULATION
ACT, 1948

CHILD MINDERS

Year	New Registrations	Registrations Relinquished	No. of Persons on Register at end of year	Maximum No. of children to be received
1964	11	3	34	308
1965	16	7	43	406
1966	11	9	45	468
1967	19	17	47	475
1968	10	13	44	447

PREMISES

Year	New Registrations	Registrations Relinquished	No. of Premises on Register at end of year	Maximum No. of children to be received
1964	5	1	11	322
1965	13	2	22	620
1966	18	4	36	963
1967	33	8	61	1,652
1968	24	1	84	2,289

NATIONAL ASSISTANCE ACTS, 1948 and 1951

(1) Incidence of Blindness

(a) Follow-up of Registered Blind and Partially Sighted Persons

(i) Number of cases registered during the year in respect of which para. 7 (c) of forms B.D.8 recommends:-	Cause of Disability			
	Cataract	Glaucoma	Retrolental Fibroplasia	Others
(a) No treatment	21	7	-	55
(b) Treatment (medical, surgical or optical)	37	11	-	83
(c) Treatment (Hospital supervision)	27	22	-	39
(ii) Number of cases at (i) (b) above which on follow-up action have received treatment	18	10	-	56

(b) Ophthalmia Neonatorum

(i) Total number of cases notified during the year	Nil
(ii) Number of cases in which:-	
(a) Vision Lost	Nil
(b) Vision Impaired	Nil
(c) Treatment continuing at end of year	Nil

(2) Epileptics and Spastics

Cases registered with the County Council for Welfare Services
under the National Assistance Act, 1948:-

Epileptics	89
Cerebral Palsy	98
Epilepsy and Cerebral Palsy	3

INFECTIOUS DISEASES NOTIFIED (excluding Tuberculosis)

Disease	Number of Cases Notified				
	1964	1965	1966	1967	1968
Scarlet Fever	320	505	342	303	222
Whooping Cough	269	145	220	193	80
Measles	3,393	7,600	5,451	6,080	4,192
Acute Poliomyelitis (paralytic)	-	-	-	-	-
" " (non-paralytic)	-	-	1	-	-
" Encephalitis (infective)	1	-	-	-	1
" " (post-infectious)	1	-	5	1	-
Meningococcal Infection	9	3	6	3	8
Dysentery	482	390	540	342	111
Puerperal Pyrexia	9	3	2	1	5
Ophthalmia Neonatorum	6	1	4	-	-
Acute Pneumonia	116	82	94	52	57
Food Poisoning	98	66	78	21	45
Erysipelas	28	27	13	12	12
Typhoid Fever	-	-	-	-	-
Paratyphoid Fever	3	8	1	-	-
Malaria (believed contracted abroad)	-	1	1	-	-
Salmonella Infection	-	-	1	-	-
Gastro-enteritis	-	-	1	-	-
*Infective Jaundice	-	-	-	-	73

* Notifiable as from 15th June, 1968.

FOOD AND DRUGS ACT
Milk Sampling by County Officers

Year	MIXED HERD SAMPLES							SCHOOL MILK SAMPLES					
	Farms involved	Cows involved	Tuberculosis				Brucellosis			Number Submitted	Not tested *	Not conforming to standard†	
			Number submitted	Not tested	Positive on biological examination	Number submitted	Not tested	Positive on biological Examination	Phospho-tase test			Methylene Blue test	
1964	2,223	39,149	846	46	1	-	-	-	90	6	-	1	
1965	2,018	38,306	915	20	2	-	-	-	103	5	-	6	
1966	727	15,173	267	7	-	181	1	8	154	-	-	4	
1967	529	12,276	38	2	-	436	3	4	196	9	-	2	
1968	299	8,092	37	1	-	231	5	1	64	-	-	-	

* Samples "not tested" are those which in accordance with the provisions of the Milk (Special Designations) (Pasteurised and Sterilised Milk) Regulations were not submitted to the Methylene Blue Test as the atmospheric shade temperature exceeded 65°F

† A sample which does not conform to the required standard is subjected to investigation.

NOTTINGHAMSHIRE COUNTY COUNCIL

Annual Report

of the

PRINCIPAL SCHOOL MEDICAL OFFICER

1968

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ALDERMAN F. N. RUDDER

Vice-Chairman

ALDERMAN A. THOMPSON

Ex.Officio

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ALDERMAN SIR FRANK SMALL

Aldermen

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IRELAND, W.
JONES, J. B.
POLLARD, B.

PUGH, MRS. A.
RUDDER, F. N.
SHARRARD, MRS. B.
THOMPSON, A.

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DODD, C. H.
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FREEMAN, E. D.
GREEN, A.
HALFNIGHT, N. W.

HOLE, MRS. M. I. L.
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McNEILL, G. A.
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SIMMS, B.
SKILLEN, S. J.
STRINGER, C. E.
THRAVES, MRS. E.
WHITELAW, B. W.
WHITSON, F. H.
WIDDOWSON, J. H.
WORWOOD, THE REV. F. E.
WRIGHT, P. F.

Added Members

MR. C. B. BREWINGTON
MR. A. H. DOWSE
MR. J. R. FISHER
DR. R. FORSYTH
DR. A. R. GRIFFIN
PROFESSOR N. HAYCOCKS

CAPT. A. D. H. JAY
MISS F. M. MILFORD
MR. D. D. MORGAN
REV. CANON E. E. ROBERTS
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*31st December, 1968

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COUNCILLOR S. BROWN

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Ex-Officio

ALDERMAN MRS. E. A. YATES
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Councillors

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THRAVES, MRS. E.
WHITELAW, B. W.
WHITSON, F. H.
WIDDOWSON, J. H.

Added Members

MR. A. H. DOWSE
DR. R. FORSYTH
CANON E. ROBERTS

*31st December, 1968.

Health Department,
County Hall,
West Bridgford,
Nottingham,
NG2 7QP.

TO THE CHAIRMAN AND MEMBERS OF THE EDUCATION COMMITTEE OF THE NOTTINGHAMSHIRE
COUNTY COUNCIL.

I have pleasure in presenting the Annual Report of the Principal School
Medical Officer for the year 1968.

The Report, which has been compiled by Dr. M. Gibbs who is responsible to me for the detailed day-to-day administration of the work of this section of the Health Department, shows outwardly little change in this undramatic but important service during the year. There is, however, one vitally significant aspect to which I would like to draw your attention. While the school population continues to increase, the overall situation regarding professional staff shows a reverse tendency. If this staffing difficulty continues, and in my view it is likely to worsen rather than to improve, particularly in the atmosphere of uncertainty regarding the future of local authority health departments following the simultaneous publication of the Minister's Green Paper on the Administrative Structure of the Medical and Related Services, England and Wales and the Report of The Committee on Local Authority and Allied Personal Social Services (the Seebohm Report), there will clearly be an increasing difficulty in meeting our statutory obligation for the routine medical assessment of pupils. It will be appreciated, therefore, that the wide range of services at present available may have to be curtailed in order that the staff can be deployed in the essential routine examinations and the equally important assessment and supervision of handicapped pupils. This may mean, for example, that in some circumstances School Clinics which have functioned usefully for many years may have to be modified or even closed.

I would like to extend my sincere thanks to the Committee and Officers for their help and support during the year and particularly to the Director of Education, Mr. W. G. Lawson, and his staff with whom we have a most cordial working relationship.

H. I. LOCKETT

Principal School Medical Officer

SCHOOL HEALTH SERVICE

The number of pupils on the school register at the end of the year was 110,962 compared with 107,393 in the previous year, an increase of 3,569 (3.3%). There was a decrease in the number of Medical Officers employed in the School Health Service during the year resulting in a fall in the total number of medical examinations carried out.

Medical Inspection and Treatment

There was no change in the arrangements for medical examination or treatment of pupils during 1968. With a few exceptions all medical inspections are carried out in the child's own School, so that full advantage can be taken of the opportunity to bring the teachers, parents, children and doctors together to investigate the problems in which all may be involved. The facilities for medical inspection in some of the older or crowded schools may be far from ideal and the co-operation of the Head Teachers in such difficult circumstances is much appreciated.

The arrangements at certain Comprehensive Schools whereby the same Medical Officer visits the school regularly to carry out certain medical examinations and advise on special problems which may arise continued.

The table on page 119 gives the numbers and classification of children inspected.

Defects found at school inspections are shown in the tables on pages 143

Handicapped Pupils

In the Handicapped Pupils and Special Schools Regulations, 1959, ten categories of handicapped pupils are defined. There are pupils who are either blind, partially-sighted, deaf, partially-hearing, educationally subnormal, epileptic, maladjusted, physically handicapped, delicate or with severe speech defects.

During the year Medical Officers examined 779 pupils known or thought to have some physical or mental disability, compared with 835 in 1967. The table on page 129 shows the numbers examined in each category.

Deaf and Partially Hearing Children

For most of the year, Mr. Attewell, Senior Peripatetic Teacher of the Deaf, was working single-handed as two of his colleagues left the County service in December 1967 and April 1968. Another teacher was, however, appointed and commenced her duties in September 1968.

Unit for Hearing Impaired Children

The Unit at Mapperley Plains Primary School continued throughout 1968 and at the end of the year seven partially-hearing children (4 boys and 3 girls) were in attendance there.

Hearing Impaired Children in Ordinary Schools

At the close of the year there were 144 children with hearing-aids in ordinary schools, compared with 145 at the end of 1967. These children are visited and kept under observation by the Peripatetic Teachers of the Deaf.

Educational Facilities for Physically Handicapped Pupils

I am indebted to Dr. Michael Gibbs for the following note:-

"In recent years special provision for physically handicapped pupils in this County has been made in the form of two schools, one day and one residential. The first to come into being was formerly known as the Berry Hill Open Air School, Mansfield, and was opened in 1931 by Mansfield Borough Council who were at that time an education authority. In the early years, its pupils were mainly delicate children suffering from asthma, bronchitis and other respiratory conditions, consequently the buildings were designed to meet their needs. The open air features were much in prominence, as any one who visited the school in winter knows, but this environment, together with the liberal rest periods and special medical attention proved over the years to be of great benefit to many children. More recently, however, fewer children have been suffering from these complaints to the extent of needing special school facilities but physically handicapped pupils have become numerically a more prominent group. A few such children were in the school from its earliest years but later they became the majority faction. Draughty classrooms and steps in awkward places made the original buildings unsuitable for those who had difficulty in walking unaided or who had poor circulation in paralysed limbs.

A replacement for the school was built on a site in Mansfield Woodhouse and opened in 1968 as the Park Hall Special School for Physically Handicapped Pupils. The building was designed to give maximum independence to the child who has great difficulty in movement and can also accommodate a number of children who are confined to wheelchairs. Provision is made for 120 children of all ages and physiotherapy, speech therapy and audiometric services are available on the premises. A nursery assessment unit is included in the building and when this is operating, it is hoped next year, it will be possible to admit for a period of observation a small number of children in the immediate pre-school age groups in whom there is some doubt as to their exact needs for special schooling.

Parents of physically handicapped children are sometimes advised not to give their consent to admission to a suitable special school on the grounds that such a school cannot provide the full range of educational opportunities found in an ordinary school. The Park Hall School has been placed on a campus site already occupied by grammar/technical, secondary modern, junior and infant schools, and the more senior pupils are taking courses in the ordinary school. They are able to have this opportunity without losing the help of the special facilities in the special school and it is hoped that some, at least, will be enabled to make a permanent transition to the ordinary school in time for the later part of their school life. Undoubtedly the scholars of the old Berry Hill Open Air School gained immediate benefit in selfconfidence on being transferred from a situation of isolation to one where they are surrounded on all sides, and accepted by, normal children.

Unfortunately there are a few children who are very severely handicapped physically and need teaching and nursing care which can only be given in a residential school. Thieves Wood School, near Mansfield, was opened by the County Council in 1958 to benefit such children living in the North Midlands Region. Although it has been open only a comparatively short time, a change is noticeable in the type of defect for which admission is requested. Severe paralysis as a result of poliomyelitis has virtually disappeared but spina bifida has come very much into prominence whilst cerebral palsy and muscular dystrophy present a continuing problem. Many of the 75 pupils have to undergo frequent hospital admissions and the skilled nursing and physiotherapy treatment available in the school permits early discharge and minimises the loss of schooling.

The difficulty in keeping pupils who have very little mobility in full touch with the community at large is fully appreciated by the teaching and other staff who make great efforts to take the children out of school and into situations where they can gain new experiences. Children of all ages are admitted to the school and it is evident that in their last years many pupils are disturbed by the uncertainty which surrounds their future. All have a great need to feel they can do some work, however small, which is of value to the community and the lack of any likely opportunity invites a retreat into unrealistic ambitions. The Careers Officers and Welfare Officers do great work in helping wherever possible but facilities in many of the children's home areas are quite inadequate to provide encouraging prospects for a severely handicapped child. In such circumstances full development of the child's potential is very unlikely.

Experience at this school shows that emotional maturity and selfconfidence are slow to develop in many severely handicapped children and that there is great need for some form of residential establishment to provide suitable surroundings in which they can gain their independence on leaving school. Such a place needs to be different in atmosphere to both home and school. At the present time a return to home at the end of school life often brings an abrupt cessation of social contacts and of any stimulating occupation.

Mention has been left till last of the great bulk of physically handicapped pupils who are able to attend ordinary schools, sometimes only with much extra consideration from Head Teachers and their staffs. Much depends on the personality of the child, who may feel inferior in such surroundings or exploit his handicap to avoid responsibilities. When this happens, the change to a special school, perhaps only for a brief period, can prove of lasting benefit and restore the child to a normal outlook on life. There is always a risk that such a case, if neglected, will complete school life without the maximum effort of which the child is capable being made. The child is ultimately the sufferer as he will not have come to realise that many apparent obstacles can be overcome with persistence and he can lead a normal life despite his handicaps. All physically handicapped pupils have a narrower field of employment from which to choose but a considerable number, and their parents, do not appreciate the usefulness of academic qualifications until search for a first job is under way.

Though the pattern of physical handicap changes with time, the size of the problem seems to remain constant. In recent years more children are surviving from birth with multiple handicaps and their placement raises very severe problems. A possible portent for the future is the survival, through intensive medical care, of children with brain injuries sustained in road accidents which result in very severe physical and mental handicaps."

Home Tuition

Home Tuition is recommended only when other methods of education are impracticable and then, wherever possible, as a temporary measure. Where the need is a continuing one, the medical conditions and other circumstances are carefully reviewed from time to time.

At the end of the year thirty children were being provided with Home Tuition.

Special Transport

Transport to school was recommended on medical grounds for seventeen handicapped pupils during the year.

Consultant Eye Service for School Children at County Clinics

The arrangements with the Sheffield Regional Hospital Board for the attendance of Consultants at the School Ophthalmic Clinics continued. Mr. A. Hamilton Booth,

who has been associated with these Clinics for many years, retired at Easter and was succeeded by Mr. S.M.M. Sheriff.

With a view to utilising the Consultant's time to the best advantage some re-organising of the School Ophthalmic Clinics in the Mansfield area took place during the year. The sessions at Mansfield Woodhouse and Kirkby-in-Ashfield were discontinued and cases in these districts are now seen at Mansfield and Sutton-in-Ashfield respectively.

Prescriptions issued by Consultants are dispensed by local Opticians of the parents choice or, as an alternative in the case of the Nottingham No. 1 Hospital Management Committee, at the Hospital Dispensary.

Apart from the waiting time at one or two Clinics, no difficulties were experienced during the year and I very much appreciate the help that we have received from the Regional Hospital Board and the Consultant Ophthalmologists in this work.

Six hundred and four sessions were held at the various Clinics throughout the County at which 8,312 examinations were carried out. In addition, Dr. Regan undertook 661 retinoscopy examinations under the general supervision of the Consultant Ophthalmologists.

Details of the Clinics at which these sessions are held are given on page 124.

Consultant Paediatric Clinics

During recent years there has been a steady fall in the attendances at the three Consultant Paediatric Clinics. The Consultant staff for these Clinics is provided by the Sheffield Regional Hospital Board. Dr. Blandy and Dr. Fitzsimmons have continued to attend the Sessions at Nottingham (Clarendon Street) and Mansfield respectively and at the beginning of the year Dr. Conchie took over the Sessions at Worksop which were formerly conducted by Dr. Eastwood.

The tables on page 125 give details of the attendances at the individual Clinics during 1968, together with a summary of the total attendances during each of the last seven years.

Speech Therapy

Difficulty is still experienced in recruiting Speech Therapists and at the close of the year two full-time and four part-time therapists, working the equivalent of 3.60 whole-time staff, were in post. This is a slight improvement over the previous year and enabled Sessions to be established at Mansfield Woodhouse and Southwell. Throughout the County 889 children received treatment in 1968 compared with 745 in the previous year, an increase of 144.

Although very little opportunity occurred for visits to ordinary schools, regular weekly Speech Therapy Sessions were held at the Special Schools and the main Clinics throughout the County, thus maintaining as comprehensive a service as possible with the staff available. Statistics relating to this service are given on page 127.

Audiometry

The scheme for the screening of six-year old children by audiometer sweep testing by the three Audiometricians continued, colour vision testing being carried out at the same time.

Children failing the hearing test are followed up by referral to school medical officers for full assessment before deciding whether further investigations by the Ear, Nose and Throat Consultants at the various Hospitals throughout the County are required.

Physiotherapy

There was no significant change in the arrangements for Physiotherapy sessions to be held at certain Clinics, although it was necessary to suspend sessions at some of the Clinics during the temporary absences of Miss Baxter and Miss Crisp because of illness. Mrs. Doncaster was able to work an additional weekly session and took over the sessions at Hucknall, thus enabling an additional weekly session to be held at Mansfield.

Chiropody

A proportion of the time of Mr. Marchant and Mrs. Stenberg is devoted to the chiropodial treatment of school children. During the year these two members of the staff carried out 1,077 foot examinations and afforded 945 treatments to 285 pupils with foot conditions.

Health Education

Once again the Health Education team had an active year visiting schools and covered a variety of subjects including sex education, drug addiction, smoking and health, venereal diseases, parentcraft, nutrition and personal hygiene.

This Section of my Department is always very willing to provide appropriate talks and film services on request from Head Teachers.

Details of the work undertaken by the Health Education Section amongst school children during the year are given on page 130.

THE COUNTY SCHOOL DENTAL SERVICE

Report of the Principal School Dental Officer, Mr. K. H. Davis, L.D.S.

Staff

I am pleased to report that the staffing position of Dental Officers has been stable during the year. There has been a gain of 0.8 Dental Officers expressed in terms of whole-time equivalents which has meant that all the Clinics are now in operation for most of the week and there are prospects of further recruitment early in the New Year. The position relating to Dental Auxiliaries is not so fortunate: the number of Auxiliaries employed by the County Council at June 1968 was four but by the close of the year this number was reduced to one, mainly because of marriage. Although there are prospects of recruiting a part-time Auxiliary in the near future, it is unlikely that any further recruitment will take place until the autumn of next year.

Whilst it is gratifying to report that the strength of Dental Officers is now greater than at any other time, clearly the needs of the County in terms of routine dental inspection are not being met. The requirements of an ideal Dental Service can only be fulfilled by increased recruitment and at the Committee's request a report was prepared stating the requirements of the Dental Service in terms of manpower and surgery accommodation. This report indicated measures which could be taken to enhance recruitment prospects and demonstrated the need for a correct career structure within the service. It was unfortunate that shortly after the publication of this report the first of the economy measures were announced which severely restricted the County Council's activities in implementing the report's recommendations. Despite the deepening of the economic crisis it is hoped to make some progress along the lines laid down during the forthcoming financial year.

Clinics

Financial considerations and recruitment prospects determine the pace at which new projects can be initiated. The main Building Programme of the Department, insofar as new Dental Clinics are concerned, is vested in the Health Centre programme. In the foreseeable future this programme will allow for the replacement of certain out-dated Clinics and the provision of sufficient new Clinics to attract and accommodate potential recruits to the service. However, there will remain some Clinics whose replacement is not foreseen in the near future and whose continued use is essential to the service. The surgeries in these Clinics are being re-designed and re-equipped with the latest equipment to give the best possible conditions for the Dental Officers and completion of the schemes at Newark, Stapleford and East Retford Clinics, can be reported with schemes in hand for improvements to Beeston Clinic and to give ceramics and casting rooms at the Laboratory. This programme of modernisation must disrupt the service but the ensuing benefits far exceed the temporary inconvenience. The curb on spending will restrict this programme, deferring the estimated date of completion and causing a stricter review of the priorities.

Orthodontic Service

The Orthodontic Service has suffered during the year because of the absence for a period of six months through illness of the County Orthodontist. The co-operation of the Regional Hospital Board is being sought to develop the service; thus it is hoped to reduce the waiting list of patients and to provide a better service should the recruitment of Dental Officers increase. An aspect of the service causing concern is the inability of the Authority to recruit Dental Technicians. The provision of new equipment at the Laboratory, providing the technicians with facilities to undertake the most advanced procedures, should help to retain the existing staff and make the service more attractive to potential recruits.

Nevertheless, whilst the basic skills and manual dexterity acquired during their training lend themselves to opportunities in industry, recruitment will always be difficult. The success of any School Dental Service and particularly a service in a county in which some of the clinics and schools are situated many miles from the administrative centre of the county, must depend to a large extent on co-operation and effective liaison on the part of the central office administrative staff. My thanks are also due to the County Architect and his staff for their valued co-operation.

CHILD GUIDANCE SERVICE

I am indebted to Dr. T. Ratcliffe for the following comments:-

"Our staffing situation has made it necessary to start a considerable number of my Annual Reports during recent years with a comment on our staff shortages at the Child Guidance Clinic. With regret, this year's report can be no exception to this practice. However, although our professional staff shortages are still considerable, and a source of continuing concern to us, our professional Clinic team during 1968 has been more "balanced" as between the three professions concerned than it has been for some years past.

In the summer of 1968 Mrs. Vincent, who comes to us from the United States, was appointed as a full-time Educational Psychologist. In addition, and for most of the year, Mrs. Fry has been giving us one most valuable session per week as Educational Psychologist. Because of past staff shortages, the educational aspects of the Clinic's work of necessity had been reduced almost to vanishing point during 1967. It is, therefore, a considerable relief and benefit to all concerned to have once again the help of the Educational Psychologists, both in our full diagnostic assessment of the child and in the equally essential tasks

of individual remedial teaching and advisory contact with schools.

On the social case-work side of our work, Mrs. Cowell is our only Psychiatric Social Worker. Her part-time sessions with us are particularly valuable because of her professional skill and experience; but also because she is able to work in our "sub-Clinics" in Mansfield and Worksop, as well as in our main Clinic in Nottingham. Even so, however, it needs to be remembered that we are still working with less than 40% of our actual, and much needed, establishment figure for Psychiatric Social Workers.

We have now completed our first full year with three Consultant Child Psychiatrists (Dr. Arkle, Dr. Pillai and myself) working on a sessional basis at this Child Guidance Clinic. As I explained in my report last year, this does not provide any actual additional psychiatric sessions; but, as I predicted, its general advantages to the Child Psychiatric/Child Guidance services in the area have been considerable. Dr. Strelau continues to give us a great deal of help as our Senior Registrar.

At the end of the year we heard from the Regional Hospital Board that an establishment had been approved for a second Senior Registrar appointment, based on Mapperley Hospital and working in the Child Psychiatric/Child Guidance services in this area. Because this is a senior training appointment, and is intended to provide as wide a clinical experience as possible, it will give us little additional psychiatric help at this Child Guidance Clinic; but, as a second Senior Registrar appointment has been a rarity in provincial units in this country, such an increase of establishment legitimately can be regarded as a compliment to the quality, and good integration, of these services provided in this area by the Regional Hospital Board and the two Local Authorities.

I have commented in previous Annual Reports on how essential and valuable our office staff are to the work of the Child Guidance Clinic. It was a considerable handicap, therefore, when, during the summer, we had Mrs. Lindsay as our only member of the office staff over quite a long period. I know what the pressure of work in the Clinic office is; and I am most grateful to Mrs. Lindsay for coping so successfully during this period.

Our statistical tables will show that, by and large, there has been no marked change in the considerable volume of our clinical work. However, there are some variations from year to year in the total figures for each of the various areas in the County. Obviously, in such circumstances, we need to consider our priorities most carefully; and to keep flexible our policy of providing the necessary number of sessions at each of our sub-Clinics. In this connection, our move to the new Mansfield Health Centre during this past summer has been important. Like all Child Guidance Clinic staffs, we know that it is less easy and satisfactory clinically to work in a purpose (and, in this case, multi-purpose) built Clinic than in premises situated in an "ordinary" house. Nevertheless, thanks to the very close co-operation which has built up between the Mansfield Health Centre and ourselves, our move to that Centre has enabled us to switch a higher proportion of our sessions to Mansfield to cover an unusually heavy pressure of cases which had built up in that area.

In general, the type of case which is referred to us is "suitable" in the sense that the problem involved is one with which the professional skills of the Child Guidance Clinic staff are designed to cope. However, a Clinic such as ours also has an important advisory and consultative function vis-a-vis those many other organisations and people who are concerned with the welfare, care, training and education of children. We spend an appreciable proportion of our professional time in this consultative role; but we would wish that we were more often approached for our consultative opinion "*before*" the actual referral to the Clinic of more "doubtful" cases. Only by allowing all the various agencies concerned with children to use their own specialist skills and to recognise their own limitations can the child be helped adequately. Certainly the long and wide

clinical experience of the Child Guidance/Child Psychiatric services in the County has shown that good co-operation between the various specialist agencies, who are each "experts" in their own particular tasks, is far more effective than any attempt to create one agency to deal with every type of problem."

SCHOOL HYGIENE

Medical Officers continued to carry out inspections of the general hygiene of school premises on the occasion of their visits to schools to perform routine medical inspections, and unsatisfactory conditions were reported to the Director of Education.

In addition to these inspections, Mr. G. H. Earnshaw, the County Health Inspector, makes regular visits to schools and school kitchens throughout the County to advise on the hygiene arrangements.

Mr. Earnshaw has submitted the following comments:-

Milk in Schools Scheme

School milk continued to be as for many years an all pasteurised supply and all the samples taken conformed to the standard laid down for pasteurised milk.

As the result of the precautions against the spread of Foot and Mouth Disease sampling was not resumed until the end of April but then continued at quarterly intervals.

Water samples

Seven check samples taken by the County Health Inspector from school storage tanks were reported on bacteriological examination to be entirely satisfactory.

Sewage Disposal Works

Routine visits were made to a number of schools which because of their isolated position or the lack of a village scheme require their own treatment plant.

These were all inspected and samples of effluent taken for observation and testing at quarterly intervals.

In one instance, as a precaution against contamination of the underground water source the effluent is chlorinated on discharge and in this case quarterly examinations are made by the Public Analyst to ensure that the correct dose is being maintained.

The following is a summary of the visits made to schools concerning environmental hygiene:-

Supervision of sewage disposal plant	41
Washing facilities and toilet accommodation	18
Water Supply	9
Rats and other vermin	8
Smoke nuisances	1
Disinfection of Plimsolls	44
No. of plimsolls disinfected	approx. 5,000 pairs
Drainage	1
Miscellaneous	4
Talks to schools	2

School Health Service

Summary of Statistics 1968

MEDICAL AND NURSING STAFF

<u>Medical Officers</u>	<u>No. of Medical Officers</u>	<u>Equivalent Whole-time Officers</u>
Position at 31st December, 1967	40	12.52
Position at 31st December, 1968	34	11.40
 <u>Nursing Staff</u>		
County Nursing Officer	1)	
)	
Superintendent Health Visitors)	
engaged part-time in School)	
Health duties	2)	
)	
Full-time School Nurses	14)	
Part-time School Nurses	-)	
Full-time Health Visitors in combined duties	66)	
Part-time Health Visitors engaged in)	
combined duties	19)	
)	
Assistant Clinic Nurses engaged in)	
combined duties -)	
Whole-time	2)	
Part-time	12)	
		together give an equivalent of 39.7 whole-time School Nurses.

SCHOOL POPULATION

Registration details on the 31st December, 1968 were as follows:-

Number of School Departments:-

Primary	329
Secondary Modern	63
Selective	26
Special	8
Nursery	2
Comprehensive	2
	<hr/>
Total	430
	<hr/>

Number of Pupils on School Books:-

Primary	69,040
Secondary Modern	24,415
Selective	13,753
Special	534
Nursery	75
Comprehensive	3,145
Total	<u>110,962</u>

MEDICAL INSPECTION

Number of Pupils Inspected at Schools during the year 1968, together with the Comparable Figures for 1967

	<u>1968</u>	<u>1967</u>
Entrants	11,795	13,145
Intermediates	3,534	3,338
Leavers	7,137	7,832
Other Periodic Inspections	426	422
Total	<u>22,892</u>	<u>24,737</u>
Specials	<u>2,323</u>	<u>2,888</u>
Grand Total	<u>25,215</u>	<u>27,625</u>
Percentage of school population examined in periodic age groups	22.72	23.03

EMPLOYMENT OF CHILDREN

No. of children issued with medical certificates in connection with part-time employment in accordance with the Children and Young Persons Act, 1933 and the Committee's Bye-Laws	1,338
---	-------

COMPARATIVE STATISTICS:-

Year	No. of Pupils Inspected			School Population	Percentage Inspected
	At Periodic Inspections	At Special Inspections	Total		
1953	12,683	5,574	18,257	83,197	23.1
1954	22,588	6,111	28,699	85,145	33.7
1955	24,075	9,389	33,464	86,829	38.5
1956	25,157	8,098	33,255	89,219	37.3
1957	27,540	10,473	38,013	90,990	41.8
1958	34,367	8,263	42,630	91,962	46.4
1959	34,258	8,388	42,646	91,848	46.4
1960	25,573	7,679	33,252	91,861	36.2
1961	27,031	7,996	35,027	93,170	37.6
1962	29,603	7,630	37,233	92,970	40.0
1963	24,320	5,901	30,221	96,199	31.4
1964	23,104	4,344	27,448	98,423	27.8
1965	24,347	5,358	29,705	100,626	29.5
1966	21,819	1,831	23,650	103,108	22.9
1967	24,737	2,888	27,625	107,393	25.7
1968	22,892	2,323	25,215	110,962	22.7

SELECTIVE INTERMEDIATE EXAMINATION SCHEME

(The corresponding figures for 1964, the first complete year following the introduction of the "selective" scheme in 1963, are given for comparison.)

	<u>1968</u>	<u>1964</u>
Number of questionnaires issued to Parents	9,008	8,725
Percentage of questionnaires returned	95.4	95.1
Percentage of pupils selected for examination	41.2	41.2
Percentage of pupils not selected for examination	58.8	58.8
Number of questionnaires not returned	416	388

GENERAL CONDITION OF PUPILS INSPECTED:-

Table showing the General Condition of pupils inspected during
the years 1961 to 1968 inclusive

Year	No. of Children Inspected	Satisfactory		Unsatisfactory	
		No.	%	No.	%
1961	27,031	26,974	99.79	57	0.21
1962	29,603	29,532	99.76	71	0.24
1963	24,320	24,253	99.72	67	0.28
1964	23,104	23,030	99.68	74	0.32
1965	24,347	24,325	99.91	22	0.09
1966	21,819	21,759	99.73	60	0.27
1967	24,737	24,664	99.70	73	0.30
1968	22,892	22,834	99.75	58	0.25

PERSONAL HYGIENE

Number of Pupils Inspected During the Year Ended
31st December 1968

	<u>Girls</u>	<u>Boys</u>	<u>Total</u>
Routine Inspections	119,442	123,565	243,007
Follow-up Inspections	4,538	3,391	7,929
	<u>123,980</u>	<u>126,956</u>	<u>250,936</u>

Percentage of Pupils Found to Have Nits at Routine Hair Inspections
During Years 1959 to 1968 Inclusive

	<u>Percentage</u> <u>Boys</u>	<u>Percentage</u> <u>Girls</u>	<u>Percentage All</u> <u>Children</u>
1959	0.62	2.78	1.69
1960	0.87	3.45	2.11
1961	0.82	3.12	1.95
1962	0.80	2.81	1.79
1963	0.83	3.11	1.95
1964	0.74	2.74	1.72
1965	0.79	2.39	1.57
1966	0.74	2.07	1.39
1967	0.70	1.76	1.22
1968	0.60	1.40	1.0

CLINICS AND SESSIONS

Sessions Per Four-week Cycle and Average Attendance

Situation of Clinic	MINOR AILMENTS		DENTAL		SPEECH THERAPY		OPHTHALMIC		PAEDIATRIC		CHILD GUIDANCE		PHYSIOTHERAPY	
	No. of Sessions per 4 Weeks	Average Attendance per Session	No. of Sessions per 4 Weeks	Average Attendance per Session	No. of Sessions per 4 Weeks	Average Attendance per Session	No. of Sessions per 4 Weeks	Average Attendance per Session	No. of Sessions per 4 Weeks	Average Attendance per Session	No. of Sessions per 4 Weeks	Average Attendance per Session	No. of Sessions per 4 Weeks	Average Attendance per Session
*Arnold-Arnot Hill Park	8	11	32	5	8	7	3	14	-	-	-	-	4	4
*Beeston-Dovecote Lane	8	26	+80	4	8	6	4	16	-	-	-	-	4	5
*Bilsthorpe	2	3	-	-	-	-	-	-	-	-	-	-	-	-
*Bingham	2	13	-	-	-	-	-	-	-	-	-	-	-	-
*Carlton-Park House	4	17	+52	5	4	7	6	20	-	-	-	-	-	-
*Calverton-New Town Centre	4	12	-	-	-	-	1	15	-	-	-	-	5	6
*East Leake 6	-	-	16	5	4	5	-	-	-	-	-	-	-	-
*East Retford	8	4	+68	7	8	6	4	15	-	-	-	-	2	2
*Eastwood	4	14	24	5	8	5	4	15	-	-	-	-	4	1
*Forest Town	4	3	-	-	-	-	-	-	-	-	-	-	-	-
*Harworth	8	6	8	7	-	-	-	-	-	-	-	-	-	-
*Hucknall	8	13	40	7	4	7	2	17	-	-	-	-	4	5
*Kimberley	4	6	-	-	-	-	-	-	-	-	-	-	-	-
*Kirkby-in-Ashfield	4	8	-	-	4	8	-	-	-	-	-	-	4	-
*Langold	4	5	-	-	-	-	-	-	-	-	-	-	-	-
*Mansfield-Health Centre	4	13	24	5	16	10	8	16	2	5	19	6	8	6
*Mansfield-Pleasley Hill	4	15	-	-	-	-	-	-	-	-	-	-	-	-
*Mansfield-Hermitage Ave	4	12	-	-	-	-	-	-	-	-	-	-	-	-
*Mansfield-Abbott Road	4	13	-	-	-	-	-	-	-	-	-	-	-	-
*Mansfield Woodhouse	4	6	-	-	4	3	-	-	-	-	-	-	4	3
*Newark-The Friary	4	6	28	5	-	6	8	12	-	-	-	-	4	3
*Newark-Hawtonville	4	19	-	-	4	6	-	-	-	-	-	-	4	2
Newark-Old Magnus Bldgs.	-	-	-	-	8	9	-	-	-	-	4	++16	-	-
Nottingham-Clarendon St	-	-	40	3	-	-	4	10	4	7	40	5	-	-
*Ollerton-Church Circle	2	3	20	5	-	-	-	-	-	-	-	-	-	-
Southwell	1	3	-	-	4	3	-	-	-	-	-	-	-	-
*Stapleford	8	14	40	4	8	9	2	18	-	-	-	-	4	3
*Sutton-in-Ashfield-New Street	8	13	40	5	8	9	6	14	-	-	-	-	4	4
*Sutton-in-Ashfield-Huthwaite	8	12	-	-	-	-	-	-	-	-	-	-	-	-
*Warsop	4	7	-	-	-	-	-	-	-	-	-	-	-	-
*West Bridgford-Millicent Road	4	9	56	5	8	8	-	-	-	-	-	-	4	2
Worksop-Watson Road	8	12	40	5	8	9	4	16	2	5	-	-	2	4
*Worksop-Carlton Road	-	-	-	-	-	-	-	-	-	-	7	7	-	-

6 Opened 22.10.68.

* Denotes that premises are used for Maternity and Child Welfare Services.

+ Evening sessions included

+ † Includes sessions by Dental Auxiliary

++ Includes children seen at Grove Hostel.

CONSULTANT EYE SERVICE FOR SCHOOL CHILDREN AT
COUNTY CLINICS

This Consultant Service is provided under arrangements kindly made by the Sheffield Regional Hospital Board.

Clinic	Hospital Management Committee	Ophthalmologist	Day of Session
Arnold	Nottingham No.1	Mr.G.E.Robinson	Tuesday afternoons (4th Tuesday a.m. at Calverton)
Beeston	Nottingham No.1	Mr.G.E.Robinson	Tuesday mornings
Carlton	Nottingham No.1	Mr.G.E.Robinson	Friday mornings and alternate Thursday afternoons.
Eastwood	Nottingham No.1	Dr. H. Fraser	Friday afternoons
Hucknall	Nottingham No.1	Mr.S.M.N.Rizk	Alternate Thursday afternoons
Mansfield	Mansfield	Mr.S.M.M.Sheriff	Tuesday afternoons Alternate Friday afternoons
Newark	Nottingham No.1	Dr.H.Goldsmith	Wednesday afternoons (first three weeks) Friday afternoons (fourth week)
Nottingham Clarendon St.	Nottingham No.1	Mr.S.M.N.Rizk	Alternate Thursday afternoons
Retford	Worksop & Retford	Dr.N.M.Watters	Monday mornings
Stapleford	Nottingham No.1	Mr.G.E.Robinson	Alternate Thursday afternoons
Sutton-in-Ashfield	Mansfield	Mr.S.M.M.Sheriff	Wednesday mornings
Worksop	Worksop & Retford	Dr.N.M.Watters	Monday afternoons

CONSULTANT PAEDIATRIC CLINICS

These Clinics, which are provided with Consultant staff by the Sheffield Regional Hospital Board, have been conducted during the year by Dr. Blandy at Nottingham, Dr. Fitzsimmons at Mansfield and Dr. Conchie at Worksop.

	<u>Mansfield</u>	<u>Nottingham</u>	<u>Worksop</u>	<u>Total</u>
Sessions held during year	18	42	9	69
New Cases	10	37	16	63
Attendances:-				
(a) Pre-school	8	111	10	129
(b) School	87	179	32	298
	<u> </u>	<u> </u>	<u> </u>	<u> </u>
Total	95	290	42	427
	<u> </u>	<u> </u>	<u> </u>	<u> </u>

The total attendances since 1962 have been as follows:-

1962	1963	1964	1965	1966	1967	1968
605	577	599	656	527	503	427

SPEECH THERAPY SESSIONS AT CLINICS, ETC.

	<u>Number on Register</u>	<u>Number on Waiting List</u>
Arnold	38	9
Beeston	55	14
Ley Lane School	9	-
Carlton	23	13
East Leake	14	12
Eastwood	30	3
Hawtonville	17	1
Hopwell Hall Special School	25	-
Hucknall	24	17
Kirkby-in-Ashfield	23	4
Mansfield	97	17
Mansfield Woodhouse	27	3
Newark - Old Magnus Buildings	41	14
Ramsdale Park Special School	10	-
Retford	38	3
Southwell	11	4
Stapleford	22	12
Sutton Fields House Special School	8	-
Sutton-in-Ashfield	33	4
Thieves Wood Special School	6	-
West Bridgford	49	34
Worksop	60	10
	<u>660</u>	<u>174</u>

SPEECH THERAPY

The equivalent of 3.60 whole-time Speech Therapists were employed at the end of the year compared with 3.50 in 1967.

Cases receiving treatment on 1.1.68.	568
Cases temporarily suspended on 1.1.68.	331
Cases on waiting list 1.1.68.	168
Cases admitted during 1968	321
Cases discharged during 1968	261
Cases receiving treatment 31.12.68.	660
Cases temporarily suspended 31.12.68.	380
Cases on waiting list 31.12.68.	174

Summary of Cases Discharged

Requiring no further treatment	202
Left School	8
Left the District	14
Discharged under observation on account of persistent non-attendance and lack of parental co-operation	13
Pending transfer to other clinics	14
At parents request	10
	<u>261</u>

Result of Treatment of the Cases Discharged

	<u>Stammer</u>	<u>Other Speech Defects</u>	<u>Total</u>
Achieved normal speech	33	178	211
Greatly improved	7	20	27
Showed some improvement	3	11	14
Showed little or no improvement	2	7	9
	<u>45</u>	<u>216</u>	<u>261</u>
Total			

ATTENDANCES AT MINOR AILMENT CLINICS
1961 - 1968 INCLUSIVE

<u>Year</u>	<u>Total School Population</u>	<u>Total Attendances</u>	<u>Individual Attendances</u>
1961	93,879	26,702	8,573
1962	92,970	21,367	7,350
1963	96,199	18,474	6,882
1964	98,423	18,205	6,212
1965	100,626	19,695	6,948
1966	103,108	17,935	6,644
1967	107,393	20,621	7,053
1968	110,962	20,421	6,096

COMPARATIVE STATISTICS

	<u>1967</u>	<u>1968</u>
Injuries	89	89
Skin Conditions		
(a) Impetigo	59	53
(b) Eczema	97	85
(c) Warts	1,444	1,174
(d) Other	836	820
Minor Infections of Eye and Eyelids	119	107
Nasopharyngeal Infections	182	290
Bronchitis	62	53
Otitis Media	110	81
Removal of Wax	89	181

TREATMENT OF ENURESIS (ALARM APPARATUS)

No. of children treated during 1968	280	
No. of successful cases	152	(54%)

CONVALESCENCE

No. of children provided with Convalescence during year	9
---	---

HANDICAPPED PUPILS

The following table shows the recommendations made following the examination of pupils known or thought to have some physical or mental disability.

Category	Special Day School	Resid- ential School	Home Tuition	Unsuit- able for Educa- tion at School	Special Educ- ational Treat- ment in Ordin- ary School	Final Decision Concern- ing Class- ificat- ion Defer- red	Special Educ- ational Treat- ment not requir- ed	TOTAL
Blind	-	1	-	-	-	-	-	1
Partially Sighted	-	3	-	-	-	-	-	3
Deaf	8	5	-	-	-	-	-	13
Partially Hearing	2	-	-	-	-	-	-	2
Educationally Subnormal	79	51	-	48	343	45	145	711
Physically Handicapped	9	8	7	-	-	-	-	24
Delicate	13	10	1	-	-	-	-	24
Speech	-	1	-	-	-	-	-	1
TOTALS	111	79	8	48	343	45	145	779

Epileptic Pupils - No relevant recommendations during 1968.

Maladjusted Pupils - Data concerning these is incorporated in the tables dealing with the Child Guidance Service.

HEARING IMPAIRED CHILDREN IN ORDINARY SCHOOLS

No. of children with hearing aids in ordinary schools at the end of the year 144

(These children are visited and kept under observation by the Peripatetic Teachers of the Deaf)

HEALTH EDUCATION

The following is a summary of the work undertaken by the Health Education team amongst school children during the year:-

No. of Schools visited		109
No. of films shown		146
No. of talks given		142
Pupils addressed -	Boys	2,213
	Girls	3,807
		<u>6,020</u>

There were members of staff present at some of the school ' talks, as follows:-

<u>Men</u>	<u>Women</u>
73	211

DENTAL INSPECTION AND TREATMENT CARRIED OUT BY THE AUTHORITY

(1) <u>Number of pupils inspected by the Authority's Dental Officers:-</u>			
	(a) Periodic Inspections	37,144	
	(b) As Specials	6,209	
	Total (1)	<hr/>	43,353
(2) Number found to require treatment			
(3) Number offered treatment			
(4) Number actually treated			
(5) Number of attendances made by pupils for treatment, excluding those recorded at 11 (g)			
(6) Half-days devoted to:			
	(a) Periodic (School) Inspection	317 $\frac{3}{4}$	
	(b) Treatment	6,048 $\frac{1}{4}$	
	(c) Dental Health Education	76	
		<hr/>	6,442
(7) Fillings:			
	(a) Permanent Teeth	20,367	
	(b) Temporary Teeth	5,536	
	Total (7)	<hr/>	25,903
(8) Number of Teeth Filled:			
	(a) Permanent Teeth	16,908	
	(b) Temporary Teeth	4,967	
		<hr/>	21,875
(9) Extractions:			
	(a) Permanent Teeth	3,749	
	(b) Temporary Teeth	12,187	
	Total (9)	<hr/>	15,936
(10) Administration of general anaesthetics for extractions			

(11) Orthodontics:

(a) - Cases commenced during the year	155
(b) Cases carried forward from previous year	611
(c) Cases completed during the year	149
(d) Cases discontinued during the year	33
(e) Removable appliances fitted	266
(f) Fixed appliances fitted	5
(g) Total attendances	1,327

(12) Number of pupils supplied with artificial teeth 101

(13) Other operations:

(a) Crowns	45	
(b) Other Treatment	<u>5,326</u>	5,371

HEARING DEFECTS

Sweep Testing

Number of Schools visited by Audiometricians	...	...	...	...	217
Number of tests carried out	...	...	...	...	10,890
Number of pupils tested	...	...	...	...	9,498
Number of pupils with normal hearing	...	...	8,106		
Number of pupils who failed the test	...	...	<u>1,392</u>		9,498
Number of pupils who failed repeat sweep test	...	...	<u>1,392</u>		1,392
Number of pupils referred to Medical Officers	...	...	263		
Number of pupils referred for retest at a later date	...	...	<u>1,129</u>		1,392

CHILD GUIDANCE STATISTICS

	NEW CASES SEEN DURING 1968						<u>Boys</u>		<u>Girls</u>		<u>1967</u>	
							205		100		313	
	Nottingham Area						185		123		221	
	Mansfield & West Notts.						71		53		48	
	Newark Area						27		14		14	
	Workshop Area						22		14		30	
	NEW CASES REFERRED DURING 1968 but still awaiting investigation										26	
Type of School	Nottingham		Mansfield and West Notts.		Newark		Workshop/Retford		1968 Total		1967 Total	
	(Boys)	(Girls)	(Boys)	(Girls)	(Boys)	(Girls)	(Boys)	(Girls)				
Pre-School	7	5	1	1	2	2	2	-	20		15	
Infants	26	6	11	4	1	4	3	-	55		65	
Junior	42	16	25	4	2	-	4	4	97		104	
Secondary Modern	27	20	9	5	8	5	5	4	83		87	
Grammar Technical	5	5	4	-	-	-	-	-	14		15	
Grammar	5	3	2	3	1	1	-	-	15		11	
Private	9	2	-	-	-	-	-	-	11		8	
Approved School	-	-	-	-	-	-	-	-	-		-	
Special School	-	-	1	1	-	-	-	-	2		5	
Open-air School	-	-	-	-	-	-	-	-	-		-	
Home Tuition	-	-	-	-	-	-	-	-	-		-	
Not Attending	1	-	-	-	-	-	-	-	1		-	
Left School	1	5	-	-	-	1	-	-	7		3	
TOTALS	123	62	53	18	14	13	14	8	305		313	

Problems	Nottingham		Mansfield and West Notts.		Newark		Workshop/Retford		1968 Total	1967 Total
	(Boys)	(Girls)	(Boys)	(Girls)	(Boys)	(Girls)	(Boys)	(Girls)		
Behaviour	67	34	25	11	5	5	11	6	164	197
Delinquency	15	18	-	-	4	6	-	-	43	34
Nervous problems	3	6	6	1	1	-	1	1	19	5
Enuresis	2	1	7	2	1	-	-	-	13	23
Backwardness	15	-	10	1	2	2	-	-	30	14
Speech Problems	2	1	2	1	-	-	-	-	6	3
Physical symptoms	4	-	3	1	1	-	2	1	12	17
Special Advice	15	2	-	1	-	-	-	-	18	20
TOTALS	123	62	53	18	14	13	14	8	305	313
Sources from which referred	Nottingham		Mansfield and West Notts.		Newark		Workshop/Retford		1968 Total	1967 Total
	(Boys)	(Girls)	(Boys)	(Girls)	(Boys)	(Girls)	(Boys)	(Girls)		
School Medical Officers	21	7	24	7	3	3	3	-	68	81
Juvenile Courts and Probation Officers	17	18	-	-	4	6	-	-	45	39
Director of Education and Head Teachers	34	10	11	6	3	2	5	4	75	68
General Practitioners and Hospitals	32	14	16	5	4	2	5	3	81	87
Parents	17	10	1	-	-	-	-	-	28	23
Children's Officer	2	1	1	-	-	-	-	1	5	8
Speech Therapists	-	-	-	-	-	-	-	-	-	1
Other Sources	-	2	-	-	-	-	1	-	3	6
TOTALS	123	62	53	18	14	13	14	8	305	313

Disposal of Cases	Nottingham		Mansfield and West Notts.		Newark		Worksop/Retford		1968 Total	1967 Total
	(Boys)	(Girls)	(Boys)	(Girls)	(Boys)	(Girls)	(Boys)	(Girls)		
Advice to parents, school, court, etc.	38	26	9	4	5	7	4	-	93	94
Intensive treatment recommended	29	15	10	4	1	1	1	2	63	75
Less intensive treatment of parent or child recommended	37	11	19	3	6	5	8	2	91	102
Recommended admission to:-										
Special school for E.S.N. pupils or special class	-	-	1	-	-	-	-	-	1	2
Open-air school	-	-	-	-	-	-	-	-	-	-
Approved school	-	-	-	-	-	-	-	-	-	-
Hostel for maladjusted children	1	2	-	-	-	-	-	-	3	1
School for maladjusted children	-	-	-	-	-	-	-	-	-	-
Special school for physically handicapped	-	-	-	-	-	-	-	-	-	-
Care of Local Authority	-	-	-	-	-	-	-	-	-	-
Referred elsewhere for treatment or advice	6	2	1	2	2	-	-	-	13	5
Still under investigation	11	1	12	5	-	-	-	3	32	19
Unco-operative	1	5	1	-	-	-	1	1	9	15
TOTALS	123	62	53	18	14	13	14	8	305	313

CHILD GUIDANCE SERVICE

Cases seen for Intensive Treatment

(including psycho-therapy, play therapy, remedial teaching and relationship therapy, in respect of parent or child)

	<u>Boys</u>	<u>Girls</u>	<u>1968 Total</u>	<u>1967 Total</u>
Under treatment at January 1968	30	33	63	88
Treatment commenced during 1968	49	34	83	47
Discharged from treatment during 1968	26	36	62	72
Analysis of results				
Satisfactory improvement	16	14	30	30
Partial improvement	6	14	20	31
No change	2	3	5	5
Unco-operative	2	5	7	6
Still under intensive treatment at 31.12.68.	49	31	80	63

Cases seen for Superficial Treatment

(including surveys, supportive interviews, home visits, school visits, etc. in respect of parent or child)

Under treatment at January 1968	314	99	413	407
Treatment commenced during 1968	71	13	84	178
Discharged from treatment during 1968	111	64	175	172
Still under superficial treatment at 31.12.68.	274	48	322	413

Cases closed during 1968

1. Closed for clinical reasons, treatment or survey terminated:-

(a) Satisfactory improvement	39	36	75	72
(b) Slight improvement	27	13	40	33
(c) No change	-	1	1	11

2. Closed for other reasons: parents unco-operative, admitted to Approved School, left district, etc:-

(a) Much improved	4	2	6	10
(b) Slight improvement	36	27	63	65
(c) No change	31	21	52	53

3. Closed as no further Child Guidance action necessary, diagnostic or advice only:-

(a) Diagnostic only	-	-	-	-
(b) Advice only	76	41	117	106

Total Number of cases seen during 1968	583	251	834	863
--	-----	-----	-----	-----

Note:-

Those children discharged from intensive treatment but transferred to superficial treatment during 1968 have been included under both categories.

<u>Interviews during 1968</u>						
	Nottm.	Mansfield/ West Notts.	Newark	Worksop/ Retford	1968 Total	1967 Total
Psychiatrists						
Diagnostic	178	48	28	19	273	330
Treatment	718	167	222	60	1,167	1,258
Surveys	362	153	159	61	735	672
Parents	1,024	321	70	95	1,510	1,147
Others	284	57	191	35	567	580
Visits	39	2	115	4	160	161
Psychiatric Social Workers and Social Worker						
Diagnostic	81	56	9	19	165	146
Advisory interviews with parents	63	23	-	5	91	599
Advisory interviews with others	1	4	-	1	6	151
Visits to Homes, Schools, Children's Homes, Hostels	-	12	-	-	12	197
Educational Psychologist						
Testing	113	47	7	10	177	115
Remedial teaching	2	-	-	-	2	64
School Visits	4	8	1	-	13	-
Surveys	-	-	-	-	-	-
Interviews with parents	-	2	-	-	2	-
Visits to Children's Homes, Hostels, Remand Homes, etc.	-	-	-	-	-	-
Total interviews with children					2,354	2,439
Total interviews with parents					1,768	1,892
Total interviews with others					573	731
Total visits to Homes, Hostels, Remand Homes, Children's Homes, Schools					185	358

DEATHS OF SCHOOL CHILDREN, 1968

Accidents

<u>Cause</u>	<u>Number</u>
Road Accidents	14
Drowning	4
Other	3
	<hr/> 21

16 Boys

5 Girls

Other

Brain Tumour	2
Cancer	1
Cardiovascular Disease	8
Cerebral Degeneration	1
Cerebral Haemorrhage	2
Epilepsy	1
Gastro-Enteritis	1
Leukaemia	2
Meningitis	1
Muscular Dystrophy	1
Renal Failure	2
Respiratory Infections	7
	<hr/> 29
	<hr/>

17 Boys

12 Girls

INFECTIOUS DISEASES

Work carried out by school nurses in connection with the control of infectious diseases during 1968

Visits to Schools	353
Visits to Pupils' Homes	323

NUMBER OF CASES OF INFECTIOUS DISEASES REPORTED AS OCCURRING IN SCHOOLS DURING 1968, TOGETHER WITH COMPARABLE FIGURES FOR 1967

	<u>1968</u>	<u>1967</u>
Food Poisoning	-	3
Scarlet Fever	83	159
Measles	965	2,181
German Measles	508	243
Whooping Cough	17	59
Mumps	185	809
Chicken-Pox	630	1,425
Jaundice	15	42
Dysentery	7	128
Meningitis	-	4
Pneumonia	-	7

Tuberculosis

During the year seven cases of pulmonary and three cases of non-pulmonary tuberculosis were notified amongst school children.

I am indebted to Dr. A.E. Beynon, Medical Director of Nottingham No. 1 Mass Radiography Unit, for the following information:-

Pupils X-rayed

A total of 595 children (males 243 females 352) were x-rayed from the following groups:-

	<u>Males</u>	<u>Females</u>	<u>Totals</u>
Mantoux Positive Re-actors	197	203	400
School Contacts	46	149	195
Total	<u>243</u>	<u>352</u>	<u>595</u>

B.C.G. Vaccination of School Children

No. Skin tested	6,769
No. found to need vaccination	5,876
No. vaccinated	5,858

SCHOOL MEALS SERVICE AND
MILK-IN-SCHOOLS SCHEME

Average number of midday meals served and pupils having milk in school

Year	Number of Children on School Registers	MEALS		MILK	
		Average number served per day	Percentage of pupils in attend- ance taking meals	Average number taking milk per day	Percentage of pupils in attend- ance taking milk
1965	100,626	58,884	65	78,613	82
1966	103,108	64,075	68	78,871	81
1967	107,393	67,492	70	80,174	80
1968	110,962	71,453	71	57,809	90

(The following statistical tables are in the form submitted to the
Department of Education and Science on Form 8.M)

MEDICAL INSPECTION OF PUPILS ATTENDING
MAINTAINED PRIMARY AND SECONDARY SCHOOLS
(INCLUDING NURSERY AND SPECIAL SCHOOLS)

A. - Periodic Medical Inspections

Age Groups Inspected (By year of Birth)	No. of Pupils Inspected	Physical Condition of Pupils Inspected		No. of pupils found not to warrant a Medical Examination	Pupils found to require treatment (excluding dental diseases and infestation with vermin)		
		Satisfactory	Unsatisfactory		For defective vision (excluding squint)	For any other condition recorded in Table II	Total individual pupils
1	2	3	4	5	6	7	8
1964 and later	73	72	1	-	1	7	6
1963	2,065	2,058	7	-	110	273	306
1962	7,032	7,013	19	-	335	976	1,082
1961	1,527	1,521	6	-	63	194	210
1960	650	645	5	-	46	97	116
1959	448	445	3	-	36	67	84
1958	2,261	2,255	6	5,293	168	385	465
1957	1,011	1,008	3	-	66	177	205
1956	262	262	-	-	25	37	47
1955	281	280	1	-	23	40	53
1954	728	724	4	-	68	66	125
1953 and earlier	6,554	6,551	3	-	541	510	905
TOTAL	22,892	22,834	58	5,293	1,482	2,829	3,604

B. - Other Inspections

Number of Special Inspections	9,938
Number of Re-inspections	3,487
Total	<u>13,425</u>

C. - Infestation with Vermin

(i) Total number of individual examinations of pupils in the schools by the school nurses or other authorised persons	250,936
(ii) Total number of individual pupils found to be infested	998
(iii) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944)	26
(iv) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944)	Nil

RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION

IN THE YEAR ENDED 31st DECEMBER, 1968

Symbol (T) denotes pupils found to require treatment and

Symbol (O) pupils found to require observation

A. - Periodic Inspections

Defect Code No. (1)	Defect or Disease (2)	PERIODIC INSPECTIONS			
		Entrants	Leavers	Others	Total
4	Skin T O	233	206	137	576
		129	48	32	209
5	Eyes: (a) Vision T O	591	596	295	1,482
		855	119	156	1,130
	(b) Squint T O	145	33	27	205
		73	3	13	89
	(c) Other T O	52	15	13	80
		19	5	13	37
6	Ears: (a) Hearing T O	190	21	37	248
		344	14	57	415
	(b) Otitis Media T O	45	12	13	70
		178	11	39	228
	(c) Other T O	18	6	8	32
		22	4	3	29
7	Nose and Throat T O	225	35	68	328
		688	20	122	830
8	Speech T O	83	3	16	102
		168	5	14	187
9	Lymphatic Glands T O	96	14	11	121
		155	4	10	169
10	Heart T O	26	23	14	63
		204	32	41	277
11	Lungs T O	119	24	24	167
		271	20	66	357

- Periodic Inspections - continued

Defect Code No. (1)	Defect or Disease (2)	PERIODIC INSPECTIONS			
		Entrants	Leavers	Others	Total
12	Developmental - T	34	4	10	48
	(a) Hernia 0	58	1	11	70
	(b) Other T	80	35	76	191
	0	295	23	84	402
13	Orthopaedic - T	23	12	14	49
	(a) Posture 0	44	17	21	82
	(b) Feet T	70	32	27	129
	0	128	21	29	178
	(c) Other T	25	31	21	77
	0	90	31	26	147
14	Nervous System - T	23	8	12	43
	(a) Epilepsy 0	48	9	14	71
	(b) Other T	58	16	51	125
	0	160	12	64	236
15	Psychological - T	22	4	24	50
	(a) Development 0	223	13	83	319
	(b) Stability T	17	6	20	43
	0	162	23	59	244
16	Abdomen T	21	8	16	45
	0	25	6	21	52
17	Other T	9	10	17	36
	0	17	3	13	33

B - Special Inspections

Defect Code No. (1)	Defect or Disease (2)	SPECIAL INSPECTIONS	
		Pupils requiring Treatment (3)	Pupils requiring Observation (4)
4	Skin	2,107	110
5	Eyes: (a) Vision	493	254
	(b) Squint	65	16
	(c) Other	110	15
6	Ears: (a) Hearing	555	195
	(b) Otitis Media	87	31
	(c) Other	198	21
7	Nose and Throat	323	148
8	Speech	124	49
9	Lymphatic Glands	17	14
10	Heart	57	73
11	Lungs	97	62
12	Developmental -		
	(a) Hernia	5	6
	(b) Other	51	83
13	Orthopaedic -		
	(a) Posture	27	7
	(b) Feet	86	21
	(c) Other	121	56
14	Nervous System -		
	(a) Epilepsy	9	16
	(b) Other	65	63
15	Psychological -		
	(a) Development	58	88
	(b) Stability	228	86
16	Abdomen	16	14
17	Other	303	66

TREATMENT OF PUPILS ATTENDING MAINTAINED AND
ASSISTED PRIMARY AND SECONDARY SCHOOLS
(INCLUDING NURSERY AND SPECIAL SCHOOLS)

Group 1 - Eye Diseases, Defective Vision and Squint

Number of cases known
to have been dealt with

External and other, excluding errors of refraction and squint	108
Errors of refraction (including squint)	*8,319
	<hr/>
Total	8,427
	<hr/>
Number of pupils for whom spectacles were prescribed	3,531
	<hr/>

Group 2 - Diseases and Defects of Ear, Nose and Throat

Received operative treatment -	
(a) for disease of the ear	153
(b) for adenoids and chronic tonsillitis	1,039
(c) for other nose and throat conditions	113
Received other forms of treatment	1,938
	<hr/>
Total	3,243
	<hr/>

Total number of pupils in schools who are known to have been provided with hearing aids -	
(a) in 1968	40
(b) in previous years	200

Group 3 - Orthopaedic and Postural Defects (excluding fractures)

Number of cases known
to have been treated

(a) Pupils treated at clinics or out-patients departments	627
(b) Pupils treated at school for postural defects	24
	<hr/>
	651
	<hr/>

* This figure does not include children attending Orthoptic Departments
at Hospitals

Group 4 - Diseases of the Skin (excluding uncleanness, for which see Table 1.C)

Ringworm	(i)	Scalp	2
	(ii)	Body	20
Scabies			75
Impetigo			49
Other Skin diseases			<u>1,914</u>
		Total	<u>2,060</u>

Group 5 - Child Guidance Treatment

Pupils treated at Child Guidance Clinics	834
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Group 6 - Speech Therapy

Pupils treated by Speech Therapists	1,220
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Group 7 - Other Treatment given

	Number of cases known to have been dealt with
(a) Pupils with minor ailments	142
(b) Pupils who received convalescent treatment under School Health Service arrangements	9
(c) Pupils who received B.C.G. vaccination	5,858
(d) Miscellaneous	<u>2,652</u>
Total	<u>8,661</u>

HEALTH SERVICES

STAFF

The following is a list of personnel employed on the 31st December, 1968:-

County Medical Officer and Principal School Medical Officer -

H. I. LOCKETT, M.B., B.S., D.Obst. R.C.O.G., D.P.H.

Deputy County Medical Officer and Deputy Principal School Medical Officer -

M. W. BEAVER, M.B., B.S., D.P.H.

Principal Medical Officer -

M. GIBBS, M.R.C.S., L.R.C.P., D.P.H.

Senior Medical Officer for Maternity and Child Welfare -

J. A. FORBES, M.B., Ch.B., D.Obst.R.C.O.G., D.P.H.

Medical Officer for Mental Health -

E. ROITH, M.B., B.Ch., B.A.O., D.P.M., D.P.H.

Clinical Medical Staff

Senior Clinical Medical Officers (for Maternity and Child Welfare and School Health Services) -

D. R. BROOK, M.B., Ch.B.

A. J. JOHNSON, M.B., B.Ch., D.T.M. & H.

Assistant County Medical Officers (for Maternity and Child Welfare and School Health Services) -

Whole-time -

D. S. CRAWFORD, M.B., Ch.B.

M. M. REGAN, M.B., B.Ch., B.A.O.

O. T. WADE, M.R.C.S., L.R.C.P.

Part-time -

S. E. ANNESLEY, M.B., B.Ch.

H. L. BARKER, M.D., B.S., D.P.H.

J. BROCK, M.B., B.S., D.C.H.

G. S. BUCHANAN, M.B., Ch.B.

J. D. CARROLL, M.B., B.Ch., B.A.O., L.M., D.C.H., D.P.H.

D. G. CLITHERO, M.B., Ch.B.

L. M. CRAM, M.B., B.S.

E. B. DRYSDALE, M.B., Ch.B.
 P. J. ELSON, M.B., B.S.
 J. S. FRASER, M.B., Ch.B.
 M. I. GIBSON, M.R.C.S., L.R.C.P.
 P. M. GRAY, M.B., B.S., M.R.C.S., L.R.C.P.
 M. J. GRICE, M.B., Ch.B.
 E. J. HALL, M.B., Ch.B.
 E. M. HARRISON, M.B., Ch.B.
 M. HELMER, M.B., B.S., M.R.C.S., L.R.C.P., D.Obst.R.C.O.G.
 P. A. HOGARTH, M.B., B.Ch.
 P. J. E. HUBBARD, M.R.C.S., L.R.C.P., M.B., B.Ch., D.Obst.R.C.O.G.
 M. C. JEFFRIES, M.B., B.S.
 F. H. W. JOHNSON, M.B., B.S., M.R.C.S., L.R.C.P.
 S. A. LEWIS, M.B., Ch.B., D.P.H.
 J. S. McCracken, M.B., Ch.B., D.Obst.R.C.O.G.
 I. S. McROBBIE, M.B., Ch.B., D.Obst.R.C.O.G.
 B. MOODIE, M.B., B.S.
 K. M. MORTON, M.B., Ch.B.
 D. NIXON, M.B., B.S., M.R.C.S., L.R.C.P., D.Obst.R.C.O.G.
 H. D. B. NORTH, M.B., Ch.B., D.P.H.
 H. REEVES, M.B., B.S.
 T. R. SYKES, M.B., Ch.B., D.Obst.R.C.O.G.
 S. M. WORRALL, M.B., B.Ch., M.R.C.S., L.R.C.P., D.Obst.R.C.O.G.
 J. J. F. WRIGHT, M.B., Ch.B.

Assistant County Medical Officers and Medical Officers of Health of County Districts -

E. BEBBINGTON, M.B., Ch.B., D.P.H.
 Beeston and Stapleford Urban District

 J. S. DRUMMOND, M.B., B.Ch., D.P.H.
 Mansfield Borough, Mansfield Woodhouse and
 Warsop Urban Districts

 W. R. PERRY, M.B., B.S., D.P.H.
 Eastwood and West Bridgford Urban Districts and
 Basford and Bingham Rural Districts

 H. D. H. ROBINSON, M.R.C.S., L.R.C.P., D.P.H.
 Arnold and Carlton Urban Districts

 G. TATTERSALL, M.A., M.B., B.Ch., B.A.O., D.P.H.
 East Retford and Worksop Boroughs and East Retford and
 Worksop Rural Districts

 S. M. YOUNG, L.R.C.P., L.R.C.S., L.R.F.P. & S., D.P.H.
 Hucknall, Kirkby-in-Ashfield and Sutton-in-Ashfield
 Urban Districts

 VACANCY
 Newark Borough, Newark Rural and Southwell Rural Districts

Assistant County Medical Officers and Deputy Medical Officers of Health of County Districts -

H. M. BIRKS, M.R.C.S., L.R.C.P.
 East Retford and Worksop Boroughs and East Retford and
 Worksop Rural Districts

 J. GOLDSBROUGH, M.B., B.S.
 Arnold and Carlton Urban Districts

T. F. HAYNES, M.B., Ch.B., D.P.H., D.C.H.
Hucknall, Kirkby-in-Ashfield and Sutton-in-Ashfield
Urban Districts

T. M. PHELPS, M.R.C.S., L.R.C.P., M.B., B.S.
Eastwood and West Bridgford Urban Districts and
Basford and Bingham Rural Districts

VACANCY

Mansfield Borough, Mansfield Woodhouse and
Warsop Urban Districts

Medical Superintendent, Sherwood Village Settlement -

D. DAVIES, M.D., M.R.C.P.
Employed by the Regional Hospital Board as Physician
Superintendent, Ransom Hospital.

Children's Psychiatrists (part-time service provided by the Sheffield Regional
Hospital Board) -

T. A. RATCLIFFE, M.A., M.B., B.Ch., M.R.C.S., L.R.C.P. D.P.M., D.C.H.

E. ARKLE, M.D., D.P.M.

V. PILLAI, M.B., D.P.M., D.C.H.

J. STRELAU, M.B., B.C.H., B.A.O., D.P.M. (Senior Registrar)

Paediatricians (part-time service provided by the Sheffield Regional
Hospital Board) -

A. C. BLANDY, M.R.C.S., L.R.C.P., M.R.C.P., M.B., B.Ch., D.C.H.

J. FITZSIMMONS, M.B., B.Ch., B.A.O., M.R.C.P., D.C.H.

A. F. CONCHIE, M.B., Ch.B., M.R.C.S., L.R.C.P., D.A., D.C.H.

Ophthalmologists (part-time service provided by the Sheffield Regional
Hospital Board) -

H. FRASER, M.B., Ch.B., D.O.

H. GOLDSMITH, M.D., L.R.C.P., L.R.C.S., L.R.F.P.S., D.O.M.S.

S. N. M. RIZK, D.O., F.R.C.S.

G. E. ROBINSON, M.B., Ch.B., D.O.M.S.

N. M. WATTERS, M.B., Ch.B.

S. M. M. SHERIFF, D.O., F.R.C.S.

Visiting Orthopaedic Surgeon to the Thieves Wood Special School -

W. WAUGH, B.A., M.B., B.Ch., F.R.C.S., M.R.C.S., L.R.C.P.

Dental Staff

County Dental Officer and Principal School Dental Officer -

K. H. DAVIS, L.D.S.

Orthodontist -

J. I. McCRACKEN, L.D.S.

Senior Dental Officers -

M. ARMITAGE, L.D.S.
S. MAKIN, L.D.S.

E. McLAREN-HOPE, L.D.S.

Dental Officers -

Whole-time:

D. A. ALDERSON, B.D.S.	J. R. GODDARD, L.D.S.
J. D. MOREAS, B.D.S.	J. PRESTON, B.D.S.

Part-time:

W. BIRKINSHAW, L.D.S.	A. LIGERS, B.D.S.
M. S. S. DAVIS, L.D.S.	M. J. McKENNY, B.D.S.
E. A. GARNER, B.D.S.	S. MELLOR, L.D.S.
J. I. HELLIWELL, L.D.S.	J. M. SOMERVILLE, L.D.S.
M. J. S. HUNTER, L.D.S.	D. TINKLER, B.D.S.

(Vacancies equal to the time of approximately four Dental Officers).
All Dental Officers are employed by the Education Committee but undertake Maternity and Child Welfare as well as School Health Service work.

Dental Laboratory -

Chief Technician	N. HAWKINS
Technicians	1 (3 vacancies)
Apprentice Technicians	2

Nursing and Allied Staff

County Superintendent Nursing Officer
M. B. BUSBY, S.R.N., S.C.M., H.V.Cert., Q.N.

Superintendent Health Visitors -
A. COLLISHAW, S.R.N., S.C.M., H.V.Cert.
C. J. McHENRY, S.R.N., S.C.M., H.V.Cert.

Health Visitors	...	87 - including 19 part-time (9 vacancies)
Tuberculosis Visitors	...	5 - including 1 part-time
School Nurses	...	14
Geriatric Nurses	...	2
Assistant Clinic Nurses		14 - including 12 part-time (3 vacancies)
Dental Auxiliaries	...	1 (4 vacancies)
Dental Surgery Assistants		20 - including 5 part-time (5 vacancies)
Audiometricians	...	3

Midwifery

Senior Non-Medical Supervisor of Midwives -
M. ALLCOCK, S.R.N., S.C.M.

Assistant Non-Medical Supervisor of Midwives -
M. H. BENSON, S.R.N., S.C.M., M.T.D.

County Midwives	...	79 - including 14 part-time (7 vacancies)
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District Nursing

County Superintendent -

E. E. JAMIESON, S.R.N., S.C.M., Q.N.

Assistant County Superintendent -

M. M. COTTAM, S.R.N., S.C.M., Q.N.

District Nurses/District Nurse Midwives 134

(including 3 part-time) (13 vacancies)

Day Nurseries

Matrons -

Beeston	M. D. ASHER, S.R.N.
Carlton	A. BRAUN, N.N.E.B.
Mansfield (Bull Farm)	M. BREWSTER, S.R.C.N.
West Bridgford	S. FLETCHER, S.R.N.

Home Help Service

Organiser -

M. W. COTTEE

District Organisers 10

Mental Health Staff

Senior Mental Health Officer -

W. A. FROST

Case Workers	$\frac{1}{2}$ - (2 $\frac{1}{2}$ vacancies)
District Mental Health Officers	9 - (1 vacancy)
Welfare Assistants	5
Supervisors, Training Centres	5
Wardens, Hostels	3
Warden, Day Centre	1
Female Home Teachers for Mentally Subnormal Persons	1

Staff for Other Special Services

County Ambulance Officer -

F. E. JOLLEY

County Health Inspector -

G. H. EARNSHAW

Medical Social Workers -

E. ARGUILE (Part-time)
with 1 Vacancy

Health Education Officer -

N. S. WASS

Assistant Health Education Officers - 2

Sherwood Industries (Village Settlement) General Manager -

W. H. TIPPING

Chiropody -

E. R. MARCHANT - Chief Chiropodist

Chiropodists - 1

Educational Psychologists (Child Guidance) -

B. L. VINCENT

J. FRY (Part-time)

Senior Psychiatric Social Workers (Child Guidance) -

G. M. COWELL (Part-time)

1 Vacancy

Speech Therapy -

M. J. ROLT - Senior Speech Therapist

Speech Therapists

5 - including 4 part-time (1 Vacancy)

Physiotherapists -

4 - including 2 part-time

Milk Samplers - 2

Central Office Staff

Lay Administrative Assistant and Chief Clerk -

E. GILLOTT

Senior Administrative Assistant -

R. J. MARLOWE

Senior Clerks of Sections -

Accounts -

H. R. ADAMS

Staff -

J. M. ANSON

School Health Service -

E. LEWIS

Preventive Health Services -

R. GOSPEL

Maternity and Child Welfare Services -

A. LEIVERS

Ambulance Service -

G. C. SOUTHERN

Mental Health Service -

T. HOBBS

Names and Addresses of the Medical Officers of Health of the
Twenty County Districts
As at 31st December, 1968

<u>District</u>	<u>Medical Officer of Health</u>	<u>Address</u>	<u>Telephone No.</u>
<u>BOROUGHES</u>			
EAST RETFORD	G. Tattersall	Municipal Offices, Chancery Lane, Retford.	Retford 2561
MANSFIELD	J. S. Drummond	Public Health Department, Gilcroft Street, Mansfield.	Mansfield 24696
NEWARK	Vacancy	Public Health Department, The Friary, Appleton Gate, Newark	Newark 3255
WORKSOP	G. Tattersall	Health Department, Park House, Park Street, Worksop	Worksop 2405
<u>URBAN DISTRICTS</u>			
ARNOLD	H. D. H. Robinson	Health Department, Arnot Hill House, Arnold.	Nottingham 26-4114
BEESTON & STAPLEFORD	E. Bebbington	Public Health Department, The Willows, Dovecote Lane, Beeston.	Nottingham 25-4891
CARLTON	H. D. H. Robinson	Public Health Department, Council House, Burton Road, Carlton.	Nottingham 24-8231
EASTWOOD	W. R. Perry	Council Offices, Church Street, Eastwood.	Langley Mill 3022
HUCKNALL	S. M. Young	Council Offices, Hucknall.	Hucknall 3341
KIRKBY-IN- ASHFIELD	S. M. Young	Council Offices, Urban Road, East Kirkby	Kirkby-in- Ashfield 2371
MANSFIELD WOODHOUSE	J. S. Drummond	Public Health Department, Manor House, Mansfield Woodhouse.	Mansfield 27751
SUTTON-IN- ASHFIELD	S. M. Young	Public Health Department, Forest Street, Sutton-in-Ashfield.	Sutton-in- Ashfield 2181
WARSOP	J. S. Drummond	Health Department, Town Hall, Warsop.	Warsop 2637
WEST BRIDGFORD	W. R. Perry	Health Department, 70 Bridgford Road, West Bridgford	Nottingham 89651
<u>RURAL DISTRICTS</u>			
BASFORD	W. R. Perry	Health Department, Rock House, Stockhill Lane, Bassford, Nottingham.	Nottingham 76677
BINGHAM	W. R. Perry	Council Offices, Bingham.	Bingham 391
EAST RETFORD	G. Tattersall	Municipal Offices, Chancery Lane, Retford.	Retford 2561
NEWARK	Vacancy	Public Health Department, The Friary, Appleton Gate, Newark.	Newark 3255
SOUTHWELL	Vacancy	Public Health Department, The Friary, Appleton Gate, Newark.	Newark 3255
WORKSOP	G. Tattersall	Council Offices, Highfield House, Carlton Road, Worksop	Worksop 4135

